



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH

HUMAN RESOURCE SERVICES OPERATIONS DIVISION
PROFESSIONAL LICENSE REIMBURSEMENT REQUEST FORM

Request reimbursement of license fees as provided in the Collective Bargaining Agreement with

Local [IDENTIFY UNION] in the amount of \$ [FILL IN AMOUNT REQUESTED].

Attached are the following documents to verify payment:

- 1. Copy of Renewal Form indicating amount of fees and agency
2. Copy of Canceled check (back and front)
3. Copy of new license

PRINT EMPLOYEE NAME

STREET ADDRESS, APARTMENT NUMBER

CITY, STATE, ZIP CODE

EMPLOYEE CLASSIFICATION

EMPLOYEE DEPARTMENT NAME & WORK LOCATION

EMPLOYEE WORK PHONE NUMBER

DSW NUMBER

EMPLOYEE'S SIGNATURE DATE

PRINT SUPERVISOR NAME

SUPERVISOR'S SIGNATURE DATE

Submit form for processing to your respective Human Resource Services Unit.

FOR HRS USE ONLY:

Table with columns for APPROVED BY, REIMBURSEMENT AMOUNT, AUTHORIZED, PROCESSED AT ACCOUNTING ON, POSTED, BY, LIC, and CHARGE TO (Account ID, Fund, Dept, Authority, PC Bus Unit, Project, Activity).

cc: Employee
Employee File
L:/HRforms/Required Lic_reimburse.doc