

EMPLOYEE BENEFIT FUND REQUEST FORM

Please complete form and return to: Human Resources, 463 Oregon Hall

Date: _____ Employee Name: _____
Phone: _____ Email: _____

Department: _____

ATTACH BOTH OF THE FOLLOWING:

- Copy of receipt(s)
- Copy of flier, workshop announcement or class registration form.

REIMBURSEMENT TO: *(please check one)*

- Department - Index code to be reimbursed: _____
- Employee

This request is work-related (it will benefit both employee and the University) and is for:

- Training or development for a seminar, workshop or continuing education offered by a professional organization. *(Please attach the appropriate documentation – see above).*

Organization: _____

Workshop: _____ Date(s) for workshop: _____

Total Cost: _____ Amount requested from EBF: _____

- Training or development for a UO class, community education class, or Lane Community College class. *(Circle below and list class name - please attach the appropriate documentation – see above).*

UO **LCC** **Class:** _____

Date(s) of Class: _____ credit hours: _____ or no-credit _____

Total Cost: _____ Amount requested from EBF: _____

- Travel reimbursement (transportation, meals, lodging) for workshop/class listed above.

Total cost of travel: _____ Amount requested from EBF: _____

Employee Signature

Supervisor Signature

HR Approval _____ *Date* _____