

# 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 - UO ID \_\_\_\_\_ *(only needed if reimbursing 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* \_\_\_\_\_