

NORTH MONTCO TECHNICAL CAREER CENTER

REIMBURSEMENT FORM FOR CLEARANCES FOR SCHOOL-TO-WORK EMPLOYERS

Please attach receipts for all clearances to be reimbursed.

Act 34 – State Police Clearance \$ _____

Act 151 – Child Abuse Clearance \$ _____

FBI Fingerprint clearance \$ _____

TOTAL TO BE REIMBURSED TO EMPLOYER \$ _____

Please make reimbursement check payable and mail to (include name and complete address):

EMPLOYER SIGNATURE _____ DATE _____

FOR NMTCC SCHOOL USE ONLY

_____ All clearances have been received from employer.

SCHOOL-TO-WORK SIGNATURE _____ DATE _____

ADMINISTRATIVE DIRECTOR'S APPROVAL _____ DATE _____

Forward to Business Office upon approval.