

**ACCESS Services License Reimbursement Form**

**Authority:** PSEA Bargaining Unit Agreement dated July 1, 2023 through June 30, 2027

**Agreement Language:** Should the Employer request and the employee agree to obtain and/or maintain any license which is required to enable the Employer to receive reimbursement for the employee's services related to the ACCESS Program, the Employer shall reimburse the employee for the expense of obtaining and/or maintaining the license should the employee request it. The reimbursement will be capped at \$100.00 per year. This payment will be contingent upon the employee remaining employed by the Intermediate Unit for the length of the license and be up-to-date on all ACCESS billing for which the employee is responsible. Employees shall be granted a minimum of 14 hours per month with minimum increments of 3.5 hours designated solely for this purpose. Should the employee leave employment, the employee will pay back any fees paid by the Employer on a prorated basis as follows:

Period of time since request for IU reimbursement for the license has been date stamped in the IU office and termination of employment:

<u>IU office &amp; termination of employment:</u>	<u>Amount of Repayment</u>
Less than (1) year	Full
Greater than or equal to one (1) year, but less than two (2) years	Two-Thirds
Greater than or equal to two (2) years but less than three (3) years	One-Third
Greater than or equal to three (3) years	Zero

Reconciliation will be made through Human Resources.

I require \_\_\_\_\_ to obtain/maintain a license as it relates to ACCESS Services.

\_\_\_\_\_  
Director of Special Education

\_\_\_\_\_  
Date

I am requesting reimbursement to obtain/maintain a license as it relates to ACCESS Services. I understand and agree with the terms and conditions as set forth above pursuant to PSEA Bargaining Agreement dated July 1, 2023 through June 29, 2027.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**ACCESS Services License Reimbursement Form**

Employee's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Amount to be paid: \$ \_\_\_\_\_

Effective date of the license: \_\_\_\_\_ to \_\_\_\_\_

- Copy of license
- Invoice showing amount of license
- If applicable, documentation of the amount paid by the employee

Send completed form to Human Resources