

Supervision Hours Reimbursement Application

Instructions:

- Application must be submitted **and** approved by HR **prior to beginning supervision hours.**
- Meet with your Human Resource Director to discuss your request. If it is agreed that your request meets policy guidelines and budgetary restrictions, you must get approval of hospital CEO.
- Employees must submit their request for reimbursement to your HRD timely (i.e. **monthly basis**)

Upon completion of supervision hours, submit the following to HR:

- **Approved, completed application**
 - Requires approval by CEO and HRD
- **Paid monthly invoice**
 - Invoice needs to include supervision hours, supervisory institution, dates, and paid amounts for IRS regulations
- **Proof of payment**
 - Must include document showing the payment transaction was made by employee (e.g., screenshot of Zelle, Venmo, or a bank/credit/debit card charge) for IRS regulations
- Once the documentation is approved and submitted within the required timeframe, the amount will be reimbursed to you on the next scheduled payroll cycle.
- Return the completed & approved final form to your local HRD for processing

EMPLOYEE INFORMATION

Employee name: _____ Location: _____

Department: _____ Job title: _____

Employee Signature: _____ Date: _____

For Completion by Clinical Supervision Provider

Name and Title: _____

Company Name	Address	City	State	Zip Code
--------------	---------	------	-------	----------

Contact Number & Email Address: _____

Expected supervision hours dates: from _____ to _____

Rate of supervision hours: \$ _____ per _____ (frequency: session, hour, etc.)

Total number of expected hours of *professional supervision* to be provided to the above applicant: __________
Provider Signature_____
Date

HOSPITAL HRD APPROVAL

Does this application meet the established guidelines of the Supervision Hours Reimbursement program policy? ☐ Yes ☐ No☐ Approved☐ Not approved_____
HRD Signature_____
Date

HOSPITAL CEO APPROVAL

☐ Approved☐ Not approved_____
Hospital CEO Signature_____
Date