

### Request for Third Party Reimbursement Form

**Requests should be submitted by the employee prior to the date(s) of the requested absence(s).**

Employee: \_\_\_\_\_ School Location: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_ Activity Location: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Full Day                     
  ½ day – a.m.                     
  ½ day – p.m.  
 (The employee must submit documentation from the agency requesting the absence)

Agency to be billed: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Agreement**

1. If this absence is approved by the Principal, the absence(s) will be entered as excused on the Skyward system by the employee.
2. If the third party billing agency denies payment, the employee will be notified by the HR Department and be required to use accrued leave (i.e. Annual, No-Pay).

Please Note:  
 For events arranged by the USBE, educators must attend, be on-time and ensure their name is included on the attendance roll. USBE will not reimburse JSD if these steps are not met. The educator will be required to use his/her own accrued leave if the USBE does not provide a reimbursement.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved                     
  Denied – Reason \_\_\_\_\_

Administrator of Schools Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved                     
  Denied – Reason \_\_\_\_\_

HR Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Absence verified in Frontline: Full - ½ A.M. - ½ P.M.                     
  Agency Billed Date \_\_\_\_\_  
 Absence verified in Skyward                     
  Payment Received \_\_\_\_\_