

Auxiliary Services Reimbursement Fund
ERI and Severance for Auxiliary Services Personnel Requisition

I. HEADER INFORMATION

ENTITY NAME _____ COUNTY _____ IRN _____

ENTITY ADDRESS _____ CITY _____ ZIP _____

II. REQUESTS INFORMATION

THE FOLLOWING INFORMATION IS REQUIRED FOR EACH AUXILIARY SERVICES PROGRAM FOR WHOM THE SCHOOL DISTRICT OR EDUCATIONAL SERVICE CENTER REQUEST REIMBURSEMENT FOR PAYMENT OF INCENTIVES FOR EARLY RETIREMENT AND SEVERANCE. (FOR AN EXPLANATION, PLEASE SEE ITEMS 1 THROUGH 7 ON THE INSTRUCTION PAGE.)

(1) EMPLOYEE'S NAME	(2) NON-PUBLIC SCHOOL NAME WHERE WORKED	(3) NON-PUBLIC SCHOOL IRN	(4) YEARS OF EMPLOYMENT DISTRICT OR ESC AUXILIARY		(5) TOTAL PAYMENT FOR EARLY RETIREMENT AND SEVERANCE	(6) % TOTAL TIME WORKED IN AUXILIARY SERVICES PROGRAM	(7) REIMBURSEMENT AMOUNT REQUESTED

I HEREBY CERTIFY THAT THE ABOVE PERSONS WERE EMPLOYED BY THIS SCHOOL DISTRICT UNDER THE AUXILIARY SERVICES PERSONNEL PROGRAM TO RENDER SERVICES TO THE NON-PUBLIC SCHOOL(S) INDICATED.

III. SIGNATURES

SUPERINTENDENT SIGNATURE PRINTED SUPERINTENDENT NAME DATE

TREASURER SIGNATURE PRINTED TREASURER NAME DATE

FOR ODE USE ONLY (TO BE COMPLETED BY THE AREA COORDINATOR)

RECOMMEND NOT RECOMMEND

AREA COORDINATOR AUTHORIZATION OF REQUISITION SIGNATURE DATE PROGRAM ADMINISTRATOR AUTHORIZATION OF REQUISITION SIGNATURE