

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 (ESC) 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 OR ESC UNDER THE AUXILIARY SERVICES PERSONNEL PROGRAM TO RENDER SERVICES TO THE NON-PUBLIC SCHOOL(S) INDICATED.

**III. SIGNATURES**

\_\_\_\_\_  
SUPERINTENDENT/TREASURE/PRINCIPAL SIGNATURE

\_\_\_\_\_  
PRINTED 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