

# Auxiliary Services Reimbursement Fund

## Early Retirement or Severance Incentive and Unemployment Requisition

The following information is required for each auxiliary services program for which the school district or educational service center (ESC) requests reimbursement for payment of incentives for early retirement or severance and unemployment.

Entity Name \_\_\_\_\_ IRN \_\_\_\_\_

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

Nonpublic school name where worked \_\_\_\_\_

Nonpublic school IRN \_\_\_\_\_

Years of employment: Total \_\_\_\_\_ Auxiliary \_\_\_\_\_

Total payment \_\_\_\_\_

Reimbursement amount requested \_\_\_\_\_

I hereby certify the above person was employed by this school district or ESC under the auxiliary services personnel program to render services to the nonpublic school indicated.

\_\_\_\_\_  
Superintendent/Treasurer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

---

---

### FOR DEPARTMENT USE ONLY

\_\_\_\_\_  
Area Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator

Authorization of Requisition

Authorization of Requisition