


**KAISER PERMANENTE**  
**California Division – South**  
**REQUEST FOR CME/CEU REIMBURSEMENT**

**UNAC/UHCP Joint Labor Management Education Committee**

**2015 Calendar Year**  
 (Jan. 1, 2015 – Dec. 31, 2015)

		DATE SUBMITTED TO COMMITTEE		DATE SUBMITTED TO PAYROLL	
		09/02/15			
EMPLOYEE NO. (new EE ID #: 00123456)		AREA CODE & PHONE NUMBER		E-Mail Address	
00123456		( 909 ) 555 - 5483		Jane.X.Smith@kp.org	
LAST NAME	FIRST NAME	M.I.	POSITION / TITLE (Check One):	FULL-TIME , PART-TIME or PER-DIEM STATUS:	
SMITH	JANE	X	<input type="checkbox"/> RNP <input checked="" type="checkbox"/> PA	<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD	
EMPLOYEE ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)	
10800 MAGNOLIA,		RIVERSIDE	CA	92505	
AMOUNT OF REIMBURSEMENT / PAYMENT (please spell out dollar amount)				TOTAL PAYMENT AMOUNT REQUESTED	
Five hundred dollars				\$ 500.00	
EMPLOYEE SIGNATURE:		MEDICAL CENTER / OFFICE BUILDING NAME	DEPARTMENT NAME		
		RIVERSIDE MEDICAL CENTER	FAMILY PRACTICE		
REIMBURSEMENT AMOUNT		COMMENTS (Optional):			
\$		Thank you.			

**DO NOT SUBMIT EXPENSE REPORT VIA KP OneLink**  
**SUBMIT A COMPLETED EXPENSE REPORT FORM.**

ATTACH VERIFICATION SUPPORTING ATTENDANCE AND PAYMENT OF FEE(s) (HOME STUDY COURSES INCLUDED). YOUR MANAGER DOES NOT NEED TO SIGN THE EXPENSE REPORT. PLEASE LEAVE THE 13-DIGIT ACCOUNT CODE BLANK. PROBLEMS/QUESTIONS PLEASE CONTACT (626) 405-5838 OR 8-335-5838.

**Send to: Joint Labor/Management Education Committee, c/o Labor Relations,  
 Walnut Center, 393 E. Walnut Street, Pasadena, CA 91188**