

Reimbursement Training Time Sheet

Please note that any individual taking classes outside of the recommended FREE classes through MCCMH will not be compensated for the cost of the class. Your employee can be compensated at a rate of \$9.25 while attending a class.

As with any job, there are certain requirements needed in order to fill a position. As a caregiver, those requirements include First Aid, CPR, Bloodborne Pathogens and Recipient Rights. In other instances, as in Child Waiver cases, there may be additional trainings needed to be qualified to provide services to those individuals. Again, we do not reimburse the cost of any of those classes only time spent in the classroom.

- This form **MUST** be filled out entirely.
- This form **MUST** be signed by both the **Employee and Employer**.
- This form must be submitted within **30 days of taking a class**.
- This form **must have a copy of your certification** attached whether or not you have already turned in your certification for posting. *(You should always have a copy of your certifications for your own personal files.)*
- Your reimbursement does **not** include any travel time, only the time spent in the classroom.

Employee Name: _____

Consumer Name (person you are a caregiver for): _____

Do you work for other Consumers? **YES NO (circle one)**

Add those Consumers Names: _____

What classes did you attend? Recipient Rights/First Aid/CPR/Bloodborne/ MCCMH 7 hr Training Course (circle all that apply) Other? _____

Total Hours Attended: _____

Employee Signature: _____ Employer Signature: _____

You will receive this reimbursement within 30 days from the receipt of this form. Send to: LifeLong Advocacy, Inc – 43970 N Gratiot Ave – Clinton Twp. – MI 48036

Email to: payroll@lifelongadvocacy.org
FAX: 586-846-2460

Office Use Only: _____
Approved: _____
Reimbursed on: _____
F.I. _____

PLEASE FILE THIS FORM IN THE BACK MANILLA FOLDERS