

## Reimbursement Training Time Sheet

Please note that any individual taking classes outside of MCCMH's recommended classes will **not be compensated** for the hours spent in a classroom. All classes must be either **Red Cross** or **American Heart**. Your employee will be compensated at a rate of **\$9.45/hr** 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 for classes, only the 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** (*You should always keep a copy of your certifications for your employer and 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 Consumer's 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's 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](mailto:payroll@lifelongadvocacy.org)

FAX: 586-846-2460

Office Use Only: \_\_\_\_\_

Approved: \_\_\_\_\_

Reimbursed on: \_\_\_\_\_

F.I. \_\_\_\_\_

FORM – REIMBURSEMENT TRAINING2019