WorkInvestNH-EMT

TRAINING REIMBURSEMENT REQUEST

EMS Unit / Company Name: _____ Vendor Code: _____

Name(s) of Individuals Requesting Reimbursement for: _____

_____

EMS Unit / Company Payment Address: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Training Dates: _____ Today's Date: _____

Total training costs in this request: $ _____

Please attach the following documentation with each reimbursement request if they have not already been submitted:

- ☐ Explanation of training
- ☐ Vendor invoices for training costs
- ☐ Copies of proof of payment (cancelled checks, credit card receipts, etc.)
- ☐ Certificates of completion if applicable

By submitting this TRAINING REIMBURSEMENT REQUEST form and signing below on behalf of the employer I certify that the person(s) that have completed EMT training and for whom training reimbursement is being sought are currently employed by the employer. Further, the payment will be paid in its entirety to the appropriate employee without any deduction by the employer, if the training was paid for by the employee. Further, this payment will be delivered to the employee in the next available employee compensation payment schedule. Further, I acknowledge I am authorized to submit this application on behalf of the employer/applicant and that all the information provided herein is accurate to the best of my knowledge and ability.

_____ _____

Company Contact Name Signature

Include this form with all your reimbursement requests and email to: **WorkInvestNH-EMT**@nhes.nh.gov

NH Department of Employment Security | Phone: 833-658-4760