Article 22.12.2 of the USFA Collective Agreement, provides $225,000 annually to reimburse professional fees to employees in scope of the USFA (with the exception of practicing physicians in the College of Medicine) who are required, as a condition of employment, to maintain a certification or license in order to perform their duties. Claims for reimbursement of professional fees paid during the twelve-month period of December 1 to November 30 must be made between **November 1 and December 1** of each year. Following receipt of all claims, available financial resources will be allocated as a proportion of the total amount claimed. *If fees have already been claimed and reimbursed through your APEF, the proportional reimbursement amount will be credited to your account. No other types of accounts will be reimbursed from this fund.*

Please refer to the reimbursement [guidelines](https://vpfaculty.usask.ca/leaves/benefits/professional-fee-expenses.php) or contact the Vice-Provost, Faculty Relations Office at vpfaculty.relations@usask.ca for further information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |   |  |

|  |  |
| --- | --- |
|  Credential or license required by letter of appointment:\* | [ ]  |

 |
|  |  |  | **And/Or** |
| NSID |   |  |  |
| Department and/or College: |   |  |

|  |  |
| --- | --- |
| Credential or license required by standards for renewal of probation, tenure or promotion:\* | [ ]  |

 |
| E-mail: |   |  |

|  |  |
| --- | --- |
| The fees claimed were charged to my APEF | [ ]  |

 |
| Fee type: |   |  | Fund number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Requested reimbursement: $ \_\_\_\_\_\_\_ |
|  |  |  |

|  |  |
| --- | --- |
| Receipt attached: | [ ]  |

 |

\*For first claim, supporting documentation (letter of appointment, applicable standards) must be attached.

**Note:**

* Professional fees claimed as an expense on income tax cannot be reimbursed
* Professional fees charged to research accounts cannot be reimbursed

I am applying for a reimbursement of fees associated with a certification or license required as a condition of employment.

|  |  |  |
| --- | --- | --- |
| Employee Signature |   | Date |

Return completed form, supporting documentation and receipts **via email** to: vpfaculty.relations@usask.ca.