



# Application for Certification Reimbursement

## 1. COMPLETE APPLICANT INFORMATION:

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Dept.: \_\_\_\_\_

Type of Certification: \_\_\_\_\_

Certifying Organization: \_\_\_\_\_

Date Attained: \_\_\_\_\_ Date Expires: \_\_\_\_\_

## 2. SPECIFY TYPE OF CERTIFICATION:

**RN:**  Request \$400.00 for initial certification  Request \$200.00 for recertification

**Dietitian and Renal Dietitian:** Request \$250.00 for initial or renewal certification of a:

- Nutrition Support Dietician  Specialist in Pediatric Nutrition
- Board Certified Specialist: Renal Nutrition  Diabetes Educator

**Other:** Request \$\_\_\_\_\_ for initial or renewal certification for \_\_\_\_\_

## 3. CHOOSE TAX APPLICATION FOR PAYOUT:

**I authorize my Certification payout to be paid and taxed as follows – check one:**

- To my paycheck at my regular W4 withholding rate.
- Separate check at supplemental rate (Federal 25%, 6% State, FICA, SDI approx 40%)

C IRS regulations dictate that a paydown is considered "supplemental wages". When the paydown is done as a separate check, the higher supplemental taxes of 25% Federal, 6% State plus any FICA and SDI taxes are due.

C If the paydown is to be included in the normal biweekly paycheck, it is taxed at the employee's W4 status.

C The paydown that the employee chooses will determine the tax consequence. **If the employee does not direct Payroll, the paydown will be issued as a separate check at the supplemental wages/bonus tax rates.**

## 4. ATTACH COPY OF SPECIALTY CERTIFICATION ATTAINED AND SIGN BELOW:

(x) \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Signature

## 5. FORWARD TO DEPARTMENT MANAGER FOR SIGNATURE:

(x) \_\_\_\_\_ Date \_\_\_\_\_  
 Department Manager Signature

(x) \_\_\_\_\_ Date \_\_\_\_\_  
 Director of Education Signature