



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