



CITY AND COUNTY OF SAN FRANCISCO
 DEPARTMENT OF PUBLIC HEALTH (DPH)
 COMMITTEE OF INTERNS AND RESIDENTS (CIR), SEIU
EDUCATIONAL EXPENSE REIMBURSEMENT REQUEST
 (BLUE PAPER)

Name _____ Social Security Number _____ Request Date _____

Address (Reimbursement check will be mailed to this address) _____

City, State, Zip Code _____ Telephone# _____

Department (Medicine, Pediatrics, Psychiatry, etc.) _____

To be eligible for reimbursement, complete the following information and provide the appropriate documentation.

1.) Items Purchased (check all applicable types):

<input type="checkbox"/> Medical books/journals/subscriptions (e.g. NEJM) <input type="checkbox"/> Computer and digital equipment (including PDA's) <input type="checkbox"/> Conference registration (excluding travel & lodging)	<input type="checkbox"/> Wearable electronic equipment (e.g. stethoscope) <input type="checkbox"/> Medical software <input type="checkbox"/> Exams
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List Items Purchased: _____

2.) Proof of Purchase (attach copies of each one of the following):

- Proof of Purchase (see reverse for acceptable proof of purchase documentation)
- Proof of Payment (see reverse for acceptable proof of payment documentation)

3.) Reimbursement Scenarios (check applicable scenario):

- Scenario A: \$150 reimbursement requires 3-6 months or rotations at SFGH in your current year of residency.
- Scenario B: \$200 reimbursement requires 6 or more months or rotations at SFGH in your current year of residency.

Provide dates of your rotation(s) at SFGH below:

Start	-	End	Start	-	End	Start	-	End
-			-			-		
-			-			-		
-			-			-		
-			-			-		

3.) Program Approval: Verifies Schedule for Payment and Good Standing

(CHECK ONE BOX, signature and PRINT) _____ Department _____

Dept Residency Program Director (verifies schedule for payment)

SFGH Chief Resident in your department

FOR OFFICE USE ONLY

HGH1HAD40061

Human Resource Services Approval _____ Date _____ Amount _____ Cost Center _____

Please review the following important information before submitting your request

The Collective Bargaining Agreement between the Committee of Interns and Residents (CIR) and the City and County of San Francisco (FY 2006-2007) provides for educational reimbursement as follows:

- The total amount of reimbursement available to all residents is \$34,000.
- Residents who spend three (3) to six (6) months on rotation at SFGH may be reimbursed for up to \$150 in educational expenses.
- Residents who spend six (6) or more months on rotation at SFGH may be reimbursed for up to \$200 in educational expenses.
- Reimbursement shall be considered on a “first come, first serve” basis. **Get your forms in early! Incomplete and/or erroneous requests shall be returned for correction.**
- Reimbursable expenses are limited to medical books and journals; exams; wearable medical equipment; computer and digital equipment, including handheld PDA's; medical software items for employees in the unit; and conference registration **excluding travel and lodging.**

Each resident may submit one (1) request per year.

Reimbursement requests must be sent to the San Francisco General Hospital Human Resource Services department at least three (3) business days before the following quarterly deadlines: November 28, January 15, April 15 and June 15. Reimbursements shall be processed within 4-6 weeks of each quarterly deadline.

This form and attachments must be sent to:

Ronald Beard
San Francisco General Hospital
Human Resource Services
2789 25th Street, 3rd Flr, Rm 339
San Francisco, CA 94110

Save a copy of your completed form along with all attachments for your records.
Please contact Ronald Beard with any questions: (415) 206-8724

ACCEPTABLE DOCUMENTATION (read completely)
(Documentation must be provided for *both* purchase **and** payment)

PROOF OF PURCHASE	AND	PROOF OF PAYMENT
<input type="checkbox"/> Receipt with item purchased listed <input type="checkbox"/> Online orders – print copy of acknowledgement of order listing item and cost with your name <input type="checkbox"/> Conference Registration form		<input type="checkbox"/> Receipt noting payment in cash <input type="checkbox"/> Cancelled Check (Front and Back) <input type="checkbox"/> Check Front with Bank Statement showing check cashed from account with your name <input type="checkbox"/> Credit Card Statement showing transaction with your name showing

Note: Credit Card and/or Bank Statements must show the name of the account holder. A copy of the Credit Card itself may be submitted with a Credit Card Statement if the name does not appear on the statement. If account name is different from requestor's, explain the relationship. **Black out all but the last 4 digits of all instances of account numbers and sensitive information as this document becomes public record.**