



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

PINK PAPER

Name (Print) SIGNATURE Social Security Number

Address (Reimbursement check will be mailed to this address)

City, State, Zip Code

Telephone Number

Department (Medicine, Pediatrics, Psychiatry, etc.)

Request Date

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 <input type="checkbox"/> USMLE Step 3
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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: \$300 reimbursement requires 3-6 months or rotations at SFGH in your current year of residency.
- Scenario B: \$400 reimbursement requires 6 or more months or rotations at SFGH in your current year of residency.
- United States Medical Licensing Examination (USMLE): 100% reimbursement requires 9 or more months in your current year of residency and that the examination is taken in the same year of the request for reimbursement.

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

Human Resources (Signature & Print)

Date

Amount

HGH1HAD40061

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 provides for educational reimbursement as follows:

- The total amount of reimbursement available to all residents is \$34,000.
- Residents who spend less than three (3) months on rotation at SFGH may be reimbursed for up to \$300.00 in educational expenses provided that they have spent three (3) months total rotations in the current fiscal year and the previous fiscal year combined.
- Residents who spend three (3) months and up to six (6) months on rotation at SFGH may be reimbursed for up to \$300.00 in educational expenses.
- Residents who spend six (6) or more months on rotation at SFGH may be reimbursed for up to \$400.00 in educational expenses.
- USMLE Step 3 fees are 100% reimbursable for residents who spend nine (9) months on rotation at SFGH, provided the examination is taken in the same fiscal year as rotations worked and the resident is not otherwise eligible for reimbursement by their departments
- 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; examinations; 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 before the annual deadline of June 30th. Postmarks will be honored, interoffice mail marks will not. Reimbursement shall be made within three (3) months of request’s submission providing rotations are met and all paperwork is complete and accurate. In the case of unmet rotations, incomplete or erroneous paperwork, every effort will be made to expedite reimbursement as soon as inadequacies are corrected.

This form and attachments must be sent to:

Ronald Beard
 San Francisco General Hospital
 Human Resource Services
 2789 - 25th Street, Room 339
 San Francisco, California 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 receipt or acknowledgement of order listing item and cost with your name <input type="checkbox"/> Conference Registration form and/or conference booklet cover		<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 the transaction, your name and the last 4 digits of the account number <input type="checkbox"/> Credit Card Statement showing the transaction, your name and the last 4 digits of the account number

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 the 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 a public record.**