

# Request for Use of Education Fund

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Employee complete section 1

Name: \_\_\_\_\_

Description of Expense and how it applies to your work at the Sleep Center:

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If you are taking a class, you must provide a schedule confirming your enrollment. If this is for books or materials that you have already purchased, please provide the receipt.

Date Submitted to Supervisor: \_\_\_\_\_

Supervisor complete section 2

- Approved
- Denied

If denied, reason:

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Supervisor Signature: \_\_\_\_\_