

Employee License/Certification or Membership Justification Form

The Division is under no obligation to pay for licenses, certifications, and/or memberships required to hold a position of employment. However, the Division may elect to pay certain licensing, certification, and/or membership fees when there is a justified need that provides a benefit to the Division. To initiate payment of License/Certifications and/or Memberships meeting criteria described below, the department should submit a Workday transaction with this completed form attached. Note: individual memberships are not allowed on Federal funds, unless specifically allowed by the grant. Institutional memberships are allowed on Federal Smith-Lever funds.

Date: _____ Employee Name: _____

Request type: License/Certification Membership

License/Certification or Membership Organization Name: _____

Term of License/Certification or Membership: Begin Date _____ End Date _____

Cost: \$ _____

License/Certifications

Payments of Licenses or Certifications must meet one of the following criteria:

- License/Certification is required by the Division to perform assigned duties.
- License/Certification is necessary to recruit and/or retain employee(s) in a position required by the Division. For example, no qualified applicants are available who already possess the required licensure, or labor market conditions are such that it is difficult to recruit and retain employees with the required certification. Human Resources may be asked to assist in verifying the necessity of such payments for specific positions based on past experiences in recruiting and/or turnover rates. ***Justification clearly describing the need and circumstances is required below.***

Memberships

Payments of Individual Memberships must meet one of the following criteria:

The organization does not offer an institutional membership.

The organization offers an institutional membership, but individual membership is requested due to:

The individual membership fee is less than the institutional membership fee

Individual membership is required to meet or maintain a specific job description requirement.

Justification clearly describing the need and circumstances is required below.

Individual membership is required to achieve other benefit(s) desired by the Division.

Justification clearly describing the need and circumstances is required below.

Justification

Please provide justification clearly describing the need and circumstance for the option checked above:

Benefit to the Division (must be completed for ALL License/Certification or Membership requests)

Please describe the benefit the license/certification and/or membership provides to the Division.

Employee:

Supervisor Approval:

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Title: _____ Title: _____

Date: _____ Date: _____