

EDUCATIONAL/LICENSE APPROVAL & REQUEST FORM

Complete this form and submit to your supervisor for **prior approval** of a CE or Designation class you are interested in taking, or for license test or renewal. The company will pay for license renewal only in the state in which the employee resides or works in. All other renewals are not reimbursable. SterlingRisk will reimburse for the licensing test, one time only. Any questions please speak to your Manager or Human Resources Representative.

Employee Information					
Employee Name			Date of Reques	st	
Department			Manager's Nar	ne	
Course Information					
Continuing Education Designation Class					
School/University/Institute					
Name of Class					
Course Start Date			Course End Date		
Course Cost	\$		Book Cost		\$
Course Description Attached (required)					
License Renewal					
Residential State		Renewal Cost			\$
Proof of Payment Attached (required)					
Please Note: Sterling will NOT reimburse Late Fees on License Renewals					
Employee Acknowledgement					
I understand that upon approval. Starling Pick will reimburge					
I,, understand that upon approval, SterlingRisk will reimburse 100% should I successfully pass the pre-approved class.					
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Employees Signature				Date	
Course Approval					
Manager's Signature				Date	
Human Resources Signature			Date		
Course Completion Certific	ation				
•		Signature:	gnature:		Date: