

**HEREFORD INDEPENDENT SCHOOL DISTRICT
Fingerprinting Reimbursement Form**

NAME: _____ **CAMPUS/DEPT:** _____

EMPLOYEE ID: _____ **POSITION:** (please check one)

- TEACHER**
- SUBSTITUTE**
- AUXILIARY**

REIMBURSE FOR NON-CERTIFIED EMPLOYEE \$ 42.25

REIMBURSE FOR CERTIFIED EMPLOYEE \$ 42.25

REIMBURSE FOR FINGERPRINTING FEE \$ 9.95

SIGNATURE OF EMPLOYEE

DATE

REQUIRED DOCUMENTS ATTACHED:

- COPY OF SBEC RECEIPT WITH APPOINTMENT INFORMATION**
- COPY OF FINGERPRINTING RECEIPT**

HR SIGNATURE

DATE

APPROVED TOTAL