DATE: July 11, 2019 (extension – year #4 of reimbursement program)

FROM: Stacy Givens, Occupational Safety Program Manager, PSU, EHS

**TO: Submit to Bonnie Auman - (****bca3@psu.edu****)–PSU EHS 6 Eisenhower Parking Deck**

**SUBJECT: CPR/AED Training Reimbursement Program 2019/2020 Fiscal Year**

Please read the stipulations closely as they have been changed.

After June 30, 2020 the reimbursement program will be re-evaluated.

**Reimbursement program stipulations**:

1. The program will reimburse $25 per person.
2. Beginning July 1, 2019, self-funded work units are no longer eligible for reimbursement under this program.
3. Reimbursement will be available for training completed July 1, 2019 through June 30, 2020.
4. Reimbursement funds go to the work unit of the employee who received training (not directly to the employee).
5. The purpose of this reimbursement program is to help assist campuses and work units with the cost of training associated with meeting the compliance requirements of the AED Policy and AED Program.
6. The reimbursement program will reimburse for the following:
	1. Full time employees of Penn State University even if there is not an AED placed in their building;
	2. Both initial and recertification training;
	3. Adult CPR/AED training with hands-on skills assessment at a minimum;
	4. Training provided by an American Red Cross (ARC) or American Heart Association (AHA) certified trainer.
7. The reimbursement program will not reimburse for the following:
	1. if this training is being used to meet a job requirement (Police, athletic trainers, nurses, electricians, etc.);
	2. undergraduate students, even if they are employed by the University in a wage payroll position;
	3. online certification classes that do not include a hands-on skills assessment;
	4. with the exception of the Commonwealth Campuses, a work unit can only seek reimbursement for employees in its own work unit;
	5. training hosted by EHS that has already been discounted by the $25 amount.

\*IMPORTANT\* *In order for effective processing, this form must be submitted by the administrative unit AED Work Unit Coordinator or Budget Coordinator.*

To edit this form, open in Adobe Acrobat

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Number/Task Number/Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Administrator or Financial Officer: *(Name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Administrator or Financial Officer: *Email*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this document, I acknowledge that the information provided is true**:

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

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

**Training Roster Campus/Work Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  **Employee Name** | **Employee’s Work Unit** | **Is this a full time/non-wage payroll staff member?** | **Is training a requirement of employee’s job?** |  **Training Date** | **Trainer Company or Employee Name** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

**Total number trained = \_\_\_\_\_\_\_\_\_ x $25 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*…...Attach another sheet if more space is necessary….*