

Appendix F
Instructor Reimbursement Form



INSTRUCTOR REIMBURSEMENT FORM

Agency _____
CME Instructor Name _____

	Course Name (a)	Date	Start Time	Stop Time	Location	PCEMS Authorized Class Code (b)	Straight Time (ST) Overtime (OT) Backfill (BF)	Backfill Name (c)	Hours Worked (d)	Hourly Rate w/ benefits	Total Cost
1										\$	-
2										\$	-
3										\$	-
4										\$	-
5										\$	-
6										\$	-
7										\$	-
8										\$	-
9										\$	-
10										\$	-
11										\$	-
12										\$	-
13										\$	-
14										\$	-
15										\$	-
TOTAL Reimbursement Amount:										\$	-

Print Name & Title _____ Submitted By - Authorized Signature _____ Date _____

- Notes:**
- (a) One Instructor per form
 - (b) Course Name (i.e. January CME, Public Education Class, EMS System Orientation, PHTLS, ACLS, TCCC, etc.)
 - (c) For reimbursement the class must be preauthorized by PCEMS through the issuance of an Authorized Class Code.
 - (d) First Name, Last Name of person covering - must be same rank or below.
 - (e) Actual Hours Worked - Up to 60 minutes for preparation/setup, breakdown, paperwork and travel for each Class.