



Creating Opportunities. Enriching Lives.

OPS REIMBURSEMENT REQUEST

Once complete, please send to payroll by uploading the request to your documents in UKG: Menu – Myself – Documents – Click the green add button – select the Reimbursement category – Save and Submit with Payroll as the approver.

Employee Name _____ Employee ID _____

Program _____ Department Number _____

Type of Insurance: Term Variable

Date of Last Reimbursement(allowed once per fiscal year) _____

Amount Requested _____

Employee Signature and Date

Prefer Paper Check

Direct Deposit with next Payday

Supervisor Signature and Date _____

Be sure to attach a copy of your payment receipt and/or bank statement showing the total and date paid