

BACKGROUND CHECK REIMBURSEMENT REQUEST FORM

Eligible for Background Check Reimbursement,

1. Non-Certified full time employee after completion of ninety (90) working days.
2. Substitute Teacher after completion of ten (10) work assignments.

Employee (Print) _____

Address _____

Employee Position _____

School/Location _____

Employee Signature

Date

Scan and email completed **Reimbursement for Background Check Request Form**
AND completed **Accounts Payable (AP) Direct Deposit Form**
to Brenda Malone, maloneb@gcschools.net.

ACCOUNTING USE ONLY

Amount: \$ 32.65
Account # GBO00000 55340