

## U of A Employee License/Certification Justification Form

The University is under no obligation to pay for licenses and certifications required to hold a position of employment. However, the University may elect to pay certain licensing and/or certification fees when there is a justified need that provides a benefit to the University. An example of such a need that benefits the University is in the case of the need to fill a position for which no qualified applicants are available who already possess the required licensure, or when labor market conditions are such that it is difficult to recruit and retain employees with the required certification. Human Resources may be asked to assist in verifying the necessity of such payments for specific positions based on past experiences in recruiting and/or turnover rates.

To initiate payment of licenses or certifications that meet the test of:

(1) being required to perform the duties needed by the University, or

(2) necessary to recruit and/or retain employee(s) in a position required by the University,

the department should submit an electronic Requisition and this justification form clearly describing the need and the circumstances of the request to the Procurement office.

**Date:** \_\_\_\_\_

**Requisition Number:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_

License/Certification Name: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

1. Is this a new or renewal License/Certification? \_\_\_\_\_ New \_\_\_\_\_ Renewal Renewal# \_\_\_\_\_

2. Term of License/Certification: \_\_\_\_\_ Year(s) \_\_\_\_\_ Expiration Date

3. Is this License/Certification required by the U of A to do your job? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Explain in detail how your being Licensed/Certified would benefit the U of A, meeting the test of (1) or (2) above.

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5. Will this License/Certification be used for a private for profit business? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employee:**

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Approval:**

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

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_