

THE JIMMY C. RAMSEY MEMORIAL TRAINING REIMBURSEMENT PROGRAM

PROGRAM CONCEPT

This program has been developed for use by any Rocky Mountain Division (RMD) member, in good standing, **for reimbursement of training associated costs** paid for by the member from his/her own funds. Reimbursement will be made for any training in one or more of the identification fields recognized by the International Association for Identification (IAI). The **maximum** reimbursement will be \$200.00.

This program will be administered by a Training Reimbursement Committee appointed by the President for the term of his/her office.

Upon request each applicant will be supplied with a packet of information and forms necessary to facilitate the reimbursement and show proof of completion of the training. The applicant must **register and pay for the training class themselves**, and complete the training, before any reimbursement will be made.

Applicants may submit their request in advance of training. Funds will be set aside based on the pre-approval, but no funds will be paid until the training is completed.

Applications are accepted at any time on a first come first serve basis. They should be mailed to the RMD-IAI Secretary. The application will then be reviewed by a special committee, appointed by the current President, to determine that all the eligibility requirements have been met. Submission of an application is **no** guarantee that a reimbursement will be made.

Applicants will be notified if they are not approved due to lack of available funds, class content, or because the member is not in good standing.

Only members in **good standing** of the RMD-IAI are eligible. A member in good standing is one who is current with his/her dues.

REIMBURSEMENT PERIOD

The reimbursement period runs from January 1 until December 31 of each year or until the reimbursement money for the current period is exhausted.

REIMBURSEMENT LIMITS

Reimbursement will be awarded on the basis of the cost of the training fees, but cannot exceed \$200. That is, the reimbursement will be equal to the costs of the training or \$200 maximum. **Applicants may be awarded only one reimbursement per year.**

TRAINING FEES MUST BE PAID FOR BY THE RMD-APPLICANT MEMBER

Reimbursement will be considered only where the member has paid for the class training fees out of his or her own personal funds. Reimbursement cannot be made for training that was paid for by the member's agency or other sponsor. Reimbursement may be applicable for the registration, lodging, meals, or travel.

ACCEPTABLE TRAINING CLASSES

Any training will be considered acceptable that pertains to one or more of the identification disciplines established by the IAI.

APPLICATION INSTRUCTIONS

Read and follow all instructions.

Along with the reimbursement request, as proof of attendance, a copy of the member's class certificate, or a statement signed by the class instructor verifying attendance, and the individual member's payment receipt must be submitted to the Reimbursement Committee. In addition, the applicant may furnish a review or summary of the training. If submitted, this should be a minimum of one paragraph in length. This review may be published in our quarterly newsletter, *The Silent Witness*. Photos may also be submitted, but they must be captioned.

Reimbursement will be considered only when the member has paid for the class training fees out of his/her own personal funds. **Reimbursement cannot be made for training that was paid for by the member's agency or other sponsor.** Reimbursement may be given for registration, lodging, meals, or travel expenses.

ISSUANCE OF REIMBURSEMENT CHECKS

Reimbursement checks will be issued to the member as soon as practical if approved.

DUTIES and RESPONSIBILITIES of the TRAINING REIMBURSEMENT COMMITTEE

SEE POLICY #38

TRAINING REIMBURSEMENT REQUEST FORM

Jimmy C. Ramsey Memorial Training Reimbursement Program

Please type or print legibly

RMD-IAI Membership # _____

Name: _____ Title _____

Home Address: _____

City _____ State _____ Zip +4 _____ - _____

Work Phone _____ Home Phone _____

Employed by _____

Supervisor 's Name _____

Department and Business Address _____

City _____ State _____ Zip +4 _____ - _____

Mailing Preference: Home Work E-mail: _____

Title of Training Class _____

Subject of Training Class _____

(Must fit one or more of the IAI recognized disciplines)

Date of Class _____ Location _____

Total Training Cost _____

Amount Requested from RMD-IAI _____ (Not to exceed cost of training or \$200, whichever is less.)

Submission of an application is no guarantee that a reimbursement will be made.

I affirm that I have read the published rules regarding the issuance of an RMD-IAI Training Reimbursement and agree to abide by them in full. I understand that failure to comply will result in future reimbursements being denied. I also understand that I may not be selected for reimbursement approval.

Signature _____

Date _____

Mail to: Chris Loptien
Jefferson County Sheriff's Office Crime Lab
200 Jefferson County Parkway
Golden, CO 80401
303-271-5649
CLoptien@co.jefferson.co.us

Committee Notes:

RMD-IAI USE ONLY

Date Received _____
Member in Good Standing _____
Class fits approved Disciplines _____
Supervisor Approval _____
Funds Available _____
Funds Approved _____
Proof of Attendance Received _____
Summary/Evaluation Received _____
Reimbursement Check Mailed _____

