

CAREER COUNSELING NETWORK: STATEMENT OF SERVICE

Stanford | University Human Resources

****This form is used for employee request for Staff Training Assistance Program (STAP) Funds Reimbursement****
The University policy regarding this policy is set forth in the Administrative Guide, Section 2.1.12.

Note to Counselor:

Complete this form and provide to client at the end of the appointment **along with a receipt on your letterhead.**

Note to Employee:

- Return completed form for reimbursement to: Tuition & Training office, 505 Broadway, Cardinal Hall, 5th Floor, Redwood City, CA, 94063-8805 (ID mail: MC 8805).
- Effective 1/1/15, STAP Funds reimbursement is limited to \$500 per fiscal year for CCN services.
- The completed reimbursement form must be submitted within 20 days of your appointment date.
- Reimbursement may take up to 4 weeks to process.
- Participating employees may receive an invitation to participate in a confidential follow-up survey to assess satisfaction with services provided. Participation is voluntary and responses are aggregated, allowing individual responses to be confidential.
- Questions about the status of your reimbursement check/direct deposit should be directed to the Tuition & Training Programs Office at 650-723-0657.

Please complete all fields below. Incomplete forms may result in a delay in reimbursement processing:

Date of Service: _____

Client Information (Employee)

Stanford Staff Name	
SU Employee ID #	
Department Name	
Mail Code	
Work Phone #	
Email Address	
Office Use Only	Hire Date:
	Salary Grade:

Counselor Information (Counselor)

Counselor Name	
Address	
Work Phone #	
Email Address	

Services Provided and Reimbursement (check all that apply)

<input type="checkbox"/>	½ hour appointment @ \$125/hour (\$62.50)
<input type="checkbox"/>	1 hour appointment @ \$125/hour (\$125)
<input type="checkbox"/>	½ hour phone appointment @ \$125/hour (\$62.50)
<input type="checkbox"/>	1 hour phone appointment @\$125/hour (\$125)
<input type="checkbox"/>	Assessments, enter amount: _____ (reimbursement maximum of \$125 per fiscal year for assessments)

Total Amount for Reimbursement: _____