

**Northeast Tennessee SHRM Chapter**  
**Certification Reimbursement Request Form**

(Reimbursements must be requested within 6 months of passing certification)

**Reimbursement is limited to first time certification and  
is available to active NE TN SHRM members only at the time of certification.**

**Full Name:**

**Email Address:**

**Type of Certification (circle one):**

PHR          SPHR          SHRM-CP          SHRM-SCP

**Date Earned:**

**Date Requested:**

**Reimbursement Type (circle one):**

Personal          Company

**If this is a Company reimbursement, to whom should we write the \$75 check?:**

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**\*\*Please include a receipt and documentation of a passing score with reimbursement request form.**

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**Signature**

**Date**

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**To be completed by NE TN SHRM representative:**

**Date Received:**

**Eligibility Verified: Yes    No**

**Approved by:**

**Date Payment Made and Sent to Chapter Member:**