

2/3/2014

Michigan Department of Licensing and Regulatory Affairs

Reimbursement of State Bar Dues Form

To Employee:

I hereby certify that I have read the Bar Dues Reimbursement policy revised February 3, 2014 and certify that:

I am requesting reimbursement of the BASIC Michigan State Bar Dues. Reimbursement will be approved only when a law degree and membership in the State Bar Association is required by statute or classification, or the employee has adjudicative responsibilities. I further acknowledge that by seeking reimbursement, I agree to refrain from any private practice of law as defined in the policy. I also acknowledge that this prohibition shall exist for the duration of the membership year* for which I have received reimbursement of the state bar dues.

- ___ If dues paid by mail, attach original Member Dues Invoice and proof of payment.
- ___ If dues paid on-line, attach e-mail confirmation from State Bar of Mich. (payment receipt) showing payment date and credit card transaction.
- ___ Attach a copy of new Member Card with your member number.
- ___ Attach expense summary sheet from DCDS Time and Expense System.

Submit Reimbursement Form with above attachments to your Bureau/Office for approvals. Upon approval of the OHR Director, the reimbursement request form and attachments will be sent to Finance and Administrative Services.

Employee Name (please print)	Bureau/Office/Commission	Classification
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Employee ID# #	Work Phone	Index #	PCA
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*Membership Year: _____ to _____
Month/Year Month/Year

Employee Signature

Date

Approvals:

Supervisor Approval

Date

Bureau Approval

Date

HR Director's Approval

Date _____