

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 dated 9/12/2011 and certify that (check one):

- I **do not** wish to seek reimbursement of the BASIC Michigan State Bar Dues
- I **do** wish to seek reimbursement of the BASIC Michigan State Bar Dues. Reimbursement will be approved only when a law degree is required through statute, classification, and 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.

- ___ Attach new Member Dues Invoice.
- ___ 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.

Submit Reimbursement Form with attachments to your Bureau/Office for approvals. Upon approval from the OHR Director, the reimbursement form will be returned to you for processing of reimbursement through the DCDS Time and Expense System (original paid receipt, invoice and this form must be attached when 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
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Approvals:

Supervisor Approval	Date
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Bureau Approval	Date
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HR Director's Approval	Date
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