



Oregon Program Autism Training Sites and Support

## OrPATS RELEASE TIME/STIPEND REIMBURSEMENT POLICIES AND PROCEDURES

Release funds for OrPATS training visits are available to be reimbursed to districts and regions that send staff to be trained at OrPATS workshops and OrPATS Training. Reimbursement will be offered on a first come, first served basis.

Requests for reimbursement **must** be approved prior to the workshop.  
Any requests received after the workshop date will be deferred until June 1, 2020.  
If funding is still available at that time, your request will then be processed for approval.

Prior to the start of the contracted school year, staff may be paid a stipend by their school district for attending an OrPATS workshop. Stipends will be reimbursed by OrPATS to school districts if approved prior to the workshop. Stipends can be paid up to the reimbursement rate listed below for release time.

### Follow the procedures below to be reimbursed for sub release time / stipend:

- ❶ Fill out the attached OrPATS reimbursement for
- ❷ Mail, Fax or Email form to Kathi Dehm at:

Attn: Kathi Dehm  
STAR Autism Support  
6663 SW Beaverton-Hillsdale Hwy #119  
Portland, OR 97225  
Fax: 503-292-4173  
Email: [kathi.dehm@starautismsupport.com](mailto:kathi.dehm@starautismsupport.com)

### OrPATS Release Time / Stipend Reimbursement Policies:

- Reimbursement must be approved at the time of registration to ensure approval and availability of funds. As limited funds are available, reimbursement will be on a first come, first served basis.
- Reimbursement will be at the following state identified flat rates:
  - › Certified Staff: up to \$185.00
  - › Classified Staff: up to \$88.00



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## RELEASE TIME/STIPEND REQUEST FOR REIMBURSEMENT

Fax: 503-292-4173

Email: [kathi.dehm@starautismsupport.com](mailto:kathi.dehm@starautismsupport.com)

**Request for reimbursement must be submitted and approved in advance of workshop or training. Requests made during or after a training will be deferred until June 1, 2020.**

### Billing Information

School District (this is who check will be issued to):  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Billing Contact (this is who check will be mailed to):  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### Release Time Details

OrPATS Training Location: \_\_\_\_\_

OrPATS Training Dates: \_\_\_\_\_

### Number of Staff Requiring Release Time/Stipends

Certified: \_\_\_\_\_ Days: \_\_\_\_\_

Sub Rate Requested (max \$185/per day): \_\_\_\_\_

Classified: \_\_\_\_\_ Days: \_\_\_\_\_

Sub Rate Requested (max \$88/per day): \_\_\_\_\_

Total Reimbursement Requested: \_\_\_\_\_

### Participant Information

(please list the contact information for each participant requiring release time/stipend)

#### Participant #1

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

#### Participant #2

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

#### Participant #3

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

**If necessary attach additional information**