

# CLINICAL UNIFORM CERTIFICATION FORM

**FISCAL YEAR:** \_\_\_\_\_

**COLLEGE:** Northwestern Connecticut Community College

**NAME:** \_\_\_\_\_

**ALLIED HEALTH PROGRAM:** \_\_\_\_\_

**BARGAINING UNIT:** Congress

The Congress and AFT contracts provide reimbursement of up to \$ 150 per year of expenses associated with the purchase and cleaning of clinical uniforms. This benefit is available to full-time teaching faculty in allied health programs.

This is to certify that:

\_\_\_\_\_ My clinical uniform expenses for the academic year exceed \$ 150.  
Please process payment for the full contractual amount of \$ 150.

\_\_\_\_\_ My clinical uniform expenses for the academic year are less than  
\$ 150. Please process payment for : \$ \_\_\_\_\_.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date