COVID-19 Pandemic
Request for "Match"
Education-related Services and Subscriptions

This program is available to any Getty employee with children ages newborn to 18 years of age, living in their home. The "match" will be up to 50% of each purchase for which the employee can provide a business receipt. This program is for the period of 7/1/2020-6/30/2021, for which the maximum amount paid by Getty will be a total of $1,000. (Examples of programs for which these matching dollars may be used, as well as links to some program information, may be found on GO > Coronavirus > FAQs, Policies and Other General Information.)

The approved, match amount will be reimbursed on a quarterly basis. Approved requests must be submitted to Payroll by the 15th of the month, following the end of the quarter. The payment will be included with the pay check of the last pay period of the month following the end of the quarter (October 23, 2020; January 29, 2021; April 23, 2021; July 30, 2021). Per IRS requirement, these payments will be treated as taxable income.

Procedures

1) Employees may complete this form and attach it to an email, along with copies of the related receipts, to the appropriate supervisors/manager for approval. The email from the employee will serve as their signature acknowledging accuracy and compliance with the intent of the program.

2) The supervisor/manager will forward to the program/department budget coordinator and that email serves as the supervisor/manager signature and approval.

3) Once approved, the budget coordinator may forward the email with this form and receipts to payroll@getty.edu. That email will serve as the approval from the department and request for payment to the employee.

If the employee making the request is unable to complete and email the form and/or receipts, this form may be printed, completed and submitted with receipts to the supervisor/manager, who can follow steps 2 and 3, above.

Request for Reimbursement

Date Submitted

_____

Employee Name   **Employee ID #**

_____   _____

Program/Department

_____

Supervisor/Manager Name   **Budget Coordinator Name:**

_____   _____

Service(s) Purchased   **Amount**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Total Amount Paid

Amount of Match Requested (50% of Total)