



**WISHEK JOB DEVELOPMENT AUTHORITY**  
PO Box 466, Wishek, ND 58495  
Email: [wishekjda@bektel.com](mailto:wishekjda@bektel.com) Phone: 701-452-2371  
Website: [www.wishek-nd.com/jobpathway](http://www.wishek-nd.com/jobpathway)

## EMPLOYER REIMBURSEMENT REQUEST

Date of Request \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Physical Address of Business \_\_\_\_\_  
Contact Person Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_

PLEASE COMPLETE THE APPROPRIATE SECTION AND ATTACH EVIDENCE OF FUNDS EXPENDED.

### JOB SHADOWING

Candidate Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Total hours: \_\_\_\_\_ Pay rate per hour: \_\_\_\_\_  
Other expenses: (including hotel, mileage, meals, if candidate not local)

### RELOCATION

Employee Name: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ Distance to Wishek: \_\_\_\_\_  
Employee hrs./week: \_\_\_\_\_  
Employee's Wishek address, phone and e-mail: \_\_\_\_\_

### LOAN REPAYMENT (Please attach copies of the lender loan statement and cancelled check made payable to the lender.)

Employee Name: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_  
Employer amount paid: \_\_\_\_\_

### TUITION SUPPORT

Employee Name: \_\_\_\_\_ Employment Est. Start Date: \_\_\_\_\_  
Qualified Tuition Amount: \_\_\_\_\_ ND Career Builder match: \_\_\_\_\_  
Employer amount paid: \_\_\_\_\_

My signature below indicates that I understand any amount reimbursed by JDA must be repaid to JDA by employer if employee or employer voluntarily terminates employment less than 2 years from start date.

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date**