

## PSI Registration Fee Form

<b>Forename</b>		<b>Pharmacy</b>	
<b>Surname</b>		<b>Territory Manager</b>	

***To be completed by the employee***

**Total cost per year:** \_\_\_\_\_

**Please note**

- The Company reimburses 100% of the PSI fees. This is subject to the successful completion of 6-month probation with approval from Territory Manager.
- The decision to reimburse these fee's is at the discretion of Management.
- Should you leave within 3 Months – a refund of 100% will be applicable.
- Should you leave within 6 Months - a refund of 50% will be applicable
- Should you leave within 9-12 Months – a refund of 25% will be applicable.

All PSI Registration fee Forms must be completed in full as per instructions, signed, approved and forwarded to your TM with all receipts attached.

Once claims have been authorised they will be forwarded with the signed claim form and supporting documentation for approval and processing.

Expenses must only be claimed via the Allcare Pharmacy Expense Form on a monthly basis. All claims must be submitted by the 12th of each month in order to be passed for payment in the next expenses payroll run. Claims for expense reimbursement will be paid in the last pay period of each month as part of the normal payroll run.

***By signing this form, I confirm that I have read and understand as outlined above and I undertake to fulfill my obligations under the policy. I have read and understand all of the above. I also agree to have all refunds due back to the company to be deducted from my final pay or over the last two pay periods if the refund value exceeds my average weekly wage***

**Signature of Employee:** \_\_\_\_\_

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

**Signature of Territory Manager:** \_\_\_\_\_

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

**Signature of HR:** \_\_\_\_\_

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