

Request # \_\_\_\_\_  
(To Be Assigned by P&CSC)

**TUITION REIMBURSEMENT PROGRAM**  
**PJCBC, AFSCME 2719, AFSCME 2037 AND TEAMSTERS LOCAL 249 EMPLOYEES**  
**PRE-APPROVAL REQUEST FORM C**  
**TYPE ONLY**

**NOTE: THIS FORM AND ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED TO YOUR DEPARTMENT DIRECTOR AT LEAST TEN WORK DAYS PRIOR TO THE DATE THE COURSE STARTS IN ORDER FOR THE REQUEST TO BE CONSIDERED.**

**PART I: EMPLOYEE REQUEST – (All information in Part I Must Be Completed by Employee)**

Employee's Name: \_\_\_\_\_ City Start Date (Full Time): \_\_\_\_\_

Job Title: \_\_\_\_\_ SS #: \_\_\_\_\_

Dept. & Division: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Name & Address of Accredited Institution or Certified Apprenticeship Program You Will Attend:  
\_\_\_\_\_

Will You Receive Any Grant, Awards or Scholarships?  YES  NO  
If yes list source(s) and amount(s) \_\_\_\_\_

Degree (including Major), Certificate or License Program: \_\_\_\_\_

COURSE #	TITLE OF COURSE	# CREDITS	TUITION FEE	DATE OF COURSE	
				FROM	TO
			\$		

Lab Fees + \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

\*(Grants, Scholarships, etc.) - \$ \_\_\_\_\_ \* Do not include City sponsored "scholarships" with Universities.

Total \$ \_\_\_\_\_ x .50 = \$ \_\_\_\_\_  
**Requested Reimbursement**

Describe the manner in which this course is job related and how it will improve upon the knowledge and skills needed for your current job; or will enable you to meet the minimum requirements as established by the Civil Service Commission for promotion within the bargaining unit:  
\_\_\_\_\_

I have read and understand the Procedures and General Guidelines of the City of Pittsburgh's Tuition Reimbursement Program and agree to be bound by them. I understand that tuition reimbursement will be treated as ordinary income and will be subject to federal, state and/or local taxes based on IRC requirements in effect at the time of the request. In addition, I understand that any false or misleading information supplied by me will result in the revocation of my Pre-Approval and I will not be entitled to reimbursement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
DATE

**PART II: DEPARTMENT DIRECTOR ACTION (COMPLETE THE FOLLOWING)**

1. Does the employee meet all the eligibility requirements as described in the Procedure for Employee Tuition Reimbursement Program for PJCBC, AFSCME 2719, AFSCME 2037, and Teamsters Local 249 Employees?  YES  NO
2. Is the employee's identifying data (e.g. job title, start date, etc.) accurate?  YES  NO
3. Is the course offered at an accredited college or university, technical/trade school or a certified apprenticeship program?  YES  NO
4. Is the course a non-correspondence course toward a degree, certificate or license?  YES  NO
5. Is there money available in the appropriate code account to cover this request?  YES  NO
6. Is the proposed course and/or degree, certificate or license job related i.e., will it improve the employee's knowledge and skill to perform present job duties?  YES  NO
- 6a. If yes, describe how this course and/or degree, certificate or license program is job related: \_\_\_\_\_

I recommend this request for  Approval: Meets All Program Requirements  
 Disapproval: Reason(s) Specified Below

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
DATE

**PART III: DIRECTOR, DEPARTMENT OF PERSONNEL & CIVIL SERVICE COMMISSION ACTION**

Reason (s) for  Approval: Meets All Program Requirements  
 Disapproval: Reason(s) Specified Below

\_\_\_\_\_  
Director, Department of P&CSC

\_\_\_\_\_  
DATE

**DISTRIBUTION: WHITE: DEPT. OF PERSONNEL & CSC YELLOW: EMPLOYEE'S DEPARTMENT PINK: EMPLOYEE**