

Request # _____
(To Be Assigned by P&CSC)

TUITION REIMBURSEMENT PROGRAM
FRATERNAL ASSOCIATION OF PROFESSIONAL PARAMEDIC (FAPP) EMPLOYEES
PRE-APPROVAL REQUEST FORM B
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 Bureau of Emergency Medical Services:

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)

- Does the employee meet all the eligibility requirements as described in the Procedure for Employee Tuition Reimbursement Program for FAPP Employees? YES NO
- Is the employee's identifying data (e.g. job title, start date, etc.) accurate? YES NO
- Is the course offered at an accredited college or university, technical/trade school or a certified apprenticeship program? YES NO
- Is the course a non-correspondence course toward a degree, certificate or license? YES NO
- Is there money available in the appropriate code account to cover this request? YES NO
- 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 or enable the employee to meet the minimum requirements as established by the Civil Service Commission for promotion within the Bureau of EMS? YES NO
- 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