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

TUITION REIMBURSEMENT PROGRAM
FRATERNAL ORDER OF POLICE FORT PITT LODGE NO. 1 (FOP) EMPLOYEES
PRE-APPROVAL REQUEST FORM D

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 or course of study is job related and how it will improve upon the knowledge and skills related to Police work:_____

_____

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 ACTON (COMPLETE THE FOLLOWING)

1. Does the employee meet all the eligibility requirements as described in the Procedure for Employee Tuition Reimbursement Program for FOP 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