**Request # _____**
(To Be Assigned by HRCS

# CITY OF PITTSBURGH TUITION REIMBURSEMENT PROGRAM
# FRATERNAL ASSOCIATION OF PROFESSIONAL PARAMEDIC (FAPP)
# EMPLOYEES PRE-APPROVAL REQUEST FORM B

**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/Technology 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 ACTON (COMPLETE THE FOLLOWING)**

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

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 HUMAN RESOURCES & CIVIL SERVICE ACTION**

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

_____ _____
**Director, Department of HRCS** **DATE**