

TUITION GRANT REQUEST FORM –IAFF MEMBERS

TO: HUMAN RESOURCES DEPARTMENT	FROM:	TITLE:	
		DEPARTMENT:	PHONE # EXT:

I REQUEST A TUITION GRANT FOR THE FOLLOWING COURSE(S) WHICH IS/ARE PART OF A DEGREE PROGRAM THAT IS/ARE JOB RELATED OR IS A PARAMEDIC CERTIFICATION CLASS PER THE APPLICABLE COLLECTIVE BARGAINING AGREEMENT IN THE AMOUNT OF: \$_____. (This amount may not exceed the applicable UCF rate for undergraduate classes and two-year degree programs at the EFSC rate). (Maximum books and other fee allowance \$150.00/per course.)

COURSE TITLE	CREDIT HOURS	DATE SEMESTER BEGINS / ENDS	NAME OF INSTRUCTIONAL INSTITUTION

DEGREE PROGRAM: _____

STATEMENT OF COURSE(S) CONTENT:

(If additional space is necessary, please attach separate sheet.)

I BELIEVE THE COURSE(S) IS PART OF A DEGREE PROGRAM THAT IS JOB RELATED TO MY CITY OF MELBOURNE POSITION OR IS A PARAMEDIC CERTIFICATION CLASS AS PER THE PERSONNEL RULES AND REGULATIONS AND/OR APPLICABLE COLLECTIVE BARGAINING AGREEMENT. I UNDERSTAND THAT IF APPROVED, I MUST SATISFACTORILY COMPLETE THE COURSE(S) WITH A GRADE OF "C" OR HIGHER FOR UNDERGRADUATE COURSES. A GRADE OF "B" OR HIGHER IS REQUIRED FOR GRADUATE COURSES. PRESENT A VALID RECEIPT FOR PAYMENT TO RECEIVE REIMBURSEMENTS BASED ON THE FOLLOWING SCALE:

- A. 100% REIMBURSEMENT FOR AN "A"
- B. 80% REIMBURSEMENT FOR A "B"
- C. 60% REIMBURSEMENT FOR A "C"

ADDITIONALLY, I MUST BECOME A STATE CERTIFIED PARAMEDIC TO RECEIVE REIMBURSEMENT FOR PARAMEDIC CLASS TUITION. I CERTIFY THAT I WILL NOT RECEIVE REIMBURSEMENT OR PAYMENT FROM ANY OTHER SOURCE FOR THIS/THESE COURSE(S). I CERTIFY THAT I AM NOT CURRENTLY PARTICIPATING IN DROP (DEFERRED RETIREMENT OPTION PROGRAM).

IN ADDITION, IN ACCORDANCE WITH THE PERSONNEL RULES AND REGULATIONS, TUITION GRANT POLICY, AND APPLICABLE COLLECTIVE BARGAINING AGREEMENTS, I UNDERSTAND THAT IN THE EVENT I LEAVE THE CITY'S EMPLOYMENT AFTER RECEIVING A TUITION GRANT FOR ANY APPROVED COURSE, I WILL BE REQUIRED TO REFUND TO THE CITY A PRO-RATED AMOUNT OF THE GRANT. SUCH REFUND WILL BE COMPUTED FROM THE DATE THE GRANT IS RECEIVED BY THE EMPLOYEE BASED ON THE FOLLOWING SLIDING SCALE UNLESS OTHERWISE PROVIDED FOR BY A UNION CONTRACT:

WITHIN ONE YEAR:	100% OF GRANT
WITHIN TWO YEARS:	75% OF GRANT
WITHIN THREE YEARS:	50% OF GRANT
WITHIN FOUR YEARS:	25% OF GRANT
AFTER FOUR YEARS:	0% OF GRANT

EMPLOYEE'S SIGNATURE (Sign in presence of notary.): _____ **DATE:** _____

State of Florida, County of Brevard, on this _____ day of _____, 20____, personally appeared before me the above named person, who is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC

IMMEDIATE SUPERVISOR/MANAGER

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

PLEASE STATE REASON(S) FOR APPROVAL/DISAPPROVAL. IF APPROVED, REASON COURSE(S) IS JOB RELATED:

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

DIVISION MANAGER

RECOMMEND
APPROVAL

RECOMMEND
DISAPPROVAL

REFER TO HUMAN RESOURCES FOR DETERMINATION OF
RELATEDNESS TO JOB

PLEASE STATE REASON(S) FOR APPROVAL/DISAPPROVAL:

DIVISION MANAGER SIGNATURE: _____ **DATE:** _____

DEPARTMENT DIRECTOR

RECOMMEND
APPROVAL

RECOMMEND
DISAPPROVAL

REFER TO HUMAN RESOURCES FOR DETERMINATION OF
RELATEDNESS TO JOB

PLEASE STATE REASON(S) FOR DISAPPROVAL:

DEPARTMENT DIRECTOR SIGNATURE: _____ **DATE:** _____

HUMAN RESOURCES DIVISION

SIGNATURE OF HUMAN RESOURCE REPRESENTATIVE _____ DATE: _____

COMMENTS: