

TUITION GRANT REQUEST FORM –PBA BARGAINING UNIT MEMBERS

TO: HUMAN RESOURCES DIVISION	FROM:	TITLE:
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DEPARTMENT:	PHONE # EXT:
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I REQUEST A TUITION GRANT FOR THE FOLLOWING COURSE(S) WHICH IS/ARE PART OF A DEGREE PROGRAM THAT IS JOB RELATED PER THE COLLECTIVE BARGAINING AGREEMENT.

DEGREE PROGRAM: _____

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

STATEMENT OF COURSE(S) CONTENT: (If additional space is necessary, please attach separate sheet.)

I BELIEVE THIS/THESE COURSE(S) IS/ARE A REQUIRED PART OF A DEGREE PROGRAM THAT IS JOB RELATED TO MY CITY OF MELBOURNE POSITION AS PER THE 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 AND A GRADE OF "B" OR HIGHER FOR GRADUATE COURSES AND PRESENT A VALID RECEIPT FOR PAYMENT TO RECEIVE REIMBURSEMENT. I CERTIFY THAT I WILL/HAVE NOT RECEIVE REIMBURSEMENT OR PAYMENT FROM ANY OTHER SOURCE FOR THIS/THESE COURSE(S). I AM NOT A PARTICIPANT IN THE DEFERRED RETIREMENT OPTION PLAN (DROP).

IN ADDITION, IN ACCORDANCE WITH THE PERSONNEL RULES AND REGULATIONS AND COLLECTIVE BARGAINING AGREEMENT, 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 PER THE COLLECTIVE BARGAINING AGREEMENT:*

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

*ANY POLICE OFFICER WHO RETIRES FROM THE CITY WITH AT LEAST 20 YEARS OF SERVICE SHALL BE EXEMPT FROM THIS REQUIREMENT.

BOOK FEE: \$_____ (maximum allowable fee is \$150.00)

UCF CREDIT HOUR FEE \$_____ X NUMBER OF CREDITS _____ = TOTAL CREDIT HOUR FEE \$_____

(The credit hour fees for the University of Central Florida are applicable and can be located at <http://tuitionfees.smca.ucf.edu/>)

TOTAL REQUESTED TUITION GRANT: \$ _____ BOOK FEE + TOTAL CREDIT HOUR FEE

EXAMPLE: credit hour fee of \$188.83 X 3 credit hours = \$566.49 plus a book fee of \$150.00 equals a total reimbursement fee of \$774.69.

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: