TUITION ASSISTANCE REQUEST FORM  
IAFF Local 1739 Contract (Through June 30, 2014)

In accordance with Article XXIII, Section 23.07 of the labor contract, if a member seeks tuition assistance per the contract, approval of such course(s) must be made prior to enrollment. Please complete this form in its entirety and submit to the Chief’s Office.

Employee Name: ___________________________________________  Date: _____/_____/______

Name of Educational Facility: ________________________________________________________________

Course Information: (Online courses attach course overview; attach additional pages if needed)

1. Course Name: _______________________________  Course #: __________________
   Course Start Date: _____/_____/_____  Job Related/Job Degree Related:     Yes  /   No
   Description of Course: ________________________________________________________________
   __________________________________________________________________________________

2. Course Name: _______________________________  Course #: __________________
   Course Start Date: _____/_____/_____  Job Related/Job Degree Related:     Yes  /   No
   Description of Course: ________________________________________________________________
   __________________________________________________________________________________

3. Course Name: _______________________________  Course #: __________________
   Course Start Date: _____/_____/_____  Job Related/Job Degree Related:     Yes  /   No
   Description of Course: ________________________________________________________________
   __________________________________________________________________________________

For Office Use

Notes:  ___________________________________________  ____________________________

Approval: ______________________________________  Date: _____/_____/______

Reimbursement Documents Received: _____/_____/_____  Amount: ___________________