

UNIFIED FIRE AUTHORITY TUITION ASSISTANCE REIMBURSEMENT REQUEST

Quarter/ Semester _____ Year _____ Phone (daytime) _____

Name _____ Email Address _____

Division/Bureau _____

I am receiving other Financial Aid: ___ Yes ___ No, If yes, list type(s) : _____ Amount: _____

I will be attending (*school name*): _____

I will be working toward a: ___ ASSOCIATES ___ BACHELORS ___ MASTERS ___ DOCTORATE ___ CLASS ONLY

If seeking a degree, state your major: _____

Has your degree major changed since your last application? ___ Yes ___ No

CLASS ONLY: I am not working toward a degree, but I am taking a class that relates to my current job: (Please explain how this relates to your current job) _____

COURSE TITLE & NUMBER	CREDITS	TUITION & MANDATORY FEES

I hereby make application for reimbursement from the Unified Fire Authority (UFA) Tuition Assistance Program. **I understand that the maximum amount of tuition available to me is \$3000.00 per UFA fiscal year and agree that all courses will be pursued on my own time. I further certify that the course work for which I am applying will benefit me in my current position and/or is needed for the completion of my degree.** I agree that I am responsible for any federal or state tax liability. In the event that I terminate employment with the UFA, either voluntarily or involuntarily I agree to refund to the UFA monies received by me in accordance with UFA Policy and Procedure Tuition Assistance Program during the one year period preceding my date of termination. I agree that the UFA may withhold from my termination pay and/or annual leave reimbursement any tuition repayments due from me. I also agree to refund any overpayments I receive. Payments based on deceit, fraud or calculation errors are considered overpayments. **See UFA Policy and Procedure - Tuition Assistance Program for eligibility and information regarding the program. A form must be submitted for each quarter/semester for which reimbursement is requested. Application should be made within 30 days of receiving a grade for the quarter/semester/coursework for which tuition reimbursement is requested.**

I certify that I have read and understand the above statements and that to the best of my knowledge this application is complete and correct. I further understand that falsifying this application can be grounds for suspension from the Tuition Assistance Program and can be grounds for disciplinary action.

Applicant's Signature: _____ **Date:** _____

Submit this application directly to Human Resources Division

Official Use Only

School Eligible ___ Field of Study Approved ___ Application Received on Time ___ Application Denied ___ Denial Notification Sent ___

Grades Received (C+ or higher) ___ Proof of Payment Received _____ Eligible Amount _____ X 75% _____ *

Benefits Specialist/HR Analyst _____ Date _____ Payroll Coordinator _____ Date _____

Chief Financial Officer _____ Date _____ *Amount Reimbursed _____