TUITION REIMBURSEMENT APPLICATION

(COPY OF COURSE DESCRIPTION MUST BE PROVIDED WITH THIS APPLICATION)

1. NAME (LAST, FIRST, MIDDLE INITIAL)	2. EMPLOYEE PAY NUMBER	3. DATE OF APPLICATION

4. POSITION TITLE	5. SERIES/GRADE	6. DEPT/CODE	7. PHONE NUMBER

8. COURSE TITLE	9. COURSE NUMBER	10. COST (ESTIMATED)	11. UNITS

12. SCHOOL NAME/LOCATION	13. START DATE	14. END DATE

APPLICANT DISCLOSURE STATEMENT

15. I AM ☐ AM NOT ☐ (PLEASE CHECK ONE) RECEIVING ADDITIONAL SUPPLEMENTAL EDUCATIONAL ASSISTANCE FOR THIS CLASS FROM THE FOLLOWING SOURCE: _____ FOR EXAMPLE, SCHOLARSHIP(S), GI BILL TOTALING $ _____

16. THIS CLASS IS BEING TAKEN UNDER A QUALIFYING DEGREE PROGAM FOR ONE OF THE FOLLOWING PROGRAMS (CHECK IF APPLICABLE):

☐ APPRENTICE ☐ EDAP ☐ ESDP ☐ OTHER (Specify) _____

17. HOW TRAINING RELATES TO APPLICANT'S CURRENT POSITION/DUTIES

18. SHOP CODE / JOB ORDER NUMBER	18a. BFM SIGNATURE			
19. FIRST LEVEL SUPERVISOR (PRINT NAME)	SIGNATURE	APPROVED* ☐ YES ☐ NO	PAO** ☐ YES ☐ NO	DATE
20. 7.3 (PRINT NAME)	SIGNATURE	MEET REQUIREMENTS ☐ YES ☐ NO		DATE
21. TRAINING ACCOUNTABLE OFFICIAL (PRINT NAME)	SIGNATURE	APPROVED* ☐ YES ☐ NO		DATE
22. SECOND LEVEL SUPERVISOR (PRINT NAME)	SIGNATURE	APPROVED* ☐ YES ☐ NO	PAO** ☐ YES ☐ NO	DATE
23. TRAINING COORDINATOR (PRINT NAME)	Signature Field	DATE		

24. COMMENTS (*REQUIRED IF NOT APPROVED)

(** PAO = Procurement Authorizing Official)

ACCOUNTING OFFICER

25. TUITION REIMBURSEMENT NUMBER	SIGNATURE	
26. ACCOUNTING OFFICER (PRINT NAME)	SIGNATURE	DATE

EMPLOYEES SEEKING TUITION REIMBURSEMENT MUST COMPLETE THE FOLLOWING

1. I have read, understand, and will comply with FRCSWINST 12410.13D. If seeking an advance, I understand when advances may be garnished and agree to garnishment when warranted per the instruction.

2. I request: (one must be checked)

- ☐ N/A (No advance desired)
- ☐ Advance tuition Only***
- ☐ Advance Books Only***
- ☐ Both Advance Tuition and Books***

(***Advance requests must include supporting SF 182 and SF 1164 forms.)

3. I attest the information on this form is correct and that I currently have no pending garnishments.

APPLICANT SIGNATURE	DATE

PRIVACY ACT STATEMENT:

Principal Purpose: Information is obtained to identify personnel requesting assistance in reimbursement of tuition expenses.

Routine Use: Information provided in the form, when compared with information known to or normally in the possession of an individual, is used in determining whether or not an individual is who he purports to be. The information may be disclosed to all those charged at the activity with making the foregoing determination.

Disclosure (mandatory or voluntary; consequences, etc.): Completion of FRCSW 12410/12 is voluntary. Failure on your part, however, to answer all questions or any misrepresentation (by omission or concealment, or by misleading, false, or partial answers) may serve as a basis for denial of reimbursement of tuition.