

**TUITION REIMBURSEMENT APPLICATION
CHICAGO POLICE DEPARTMENT**

INDICATE:

TERM

YEAR

Print or type. Please provide all required information to avoid delays in processing.

Completed applications must be hand delivered to the Office of Public Safety Administration (OPSA)/Human Resources Division within 30 calendar days of the start of each school class. Late applications will not be approved.

NAME (LAST-FIRST-M.I.)			STAR NO.	EMPLOYEE NO.	RANK/JOB TITLE
SEX	RACE	DATE OF APPOINTMENT	UNIT OF ASSIGNMENT/DETAIL		DAYTIME TELEPHONE NO.
HOME ADDRESS				ZIP CODE	BARGAINING UNIT

SCHOOL/CLASS INFORMATION

NAME OF SCHOOL	SCHOOL ADDRESS	MAJOR
What program have you been accepted into? <input type="checkbox"/> Associates <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Bachelors <input type="checkbox"/> JD <input type="checkbox"/> Other Advanced Degree		Accredited by the Higher Learning Commission of North Central Association? <input type="checkbox"/> Yes <input type="checkbox"/> No

COURSE INFORMATION

ARE THESE COURSES:

- the first in your degree program? Yes No
- the last in your degree program? Yes No
- classroom instruction? Yes No
- internet instruction? Yes No

NOTE: Per Employee Resource E07-02, Item IV,(d), Notify the Tuition Reimbursement Section, OPSA/Human Resources Division, before the end of the class of any changes to the class schedule. Also, Seminars and Certificate Programs are ineligible for Tuition Reimbursement see E07-02, Item V.

COURSE NO.	COURSE NAME	START DATE	END DATE*	CREDIT HOURS	TUITION COST

I am requesting tuition reimbursement in accordance with the Department directive entitled "City of Chicago Tuition Reimbursement Program and Verification of Academic Credentials." I understand that under certain circumstances repayment of reimbursement may be required. I certify by my signature that the above information is correct. *Required documentation must be received within 45 days of the end of term, unless an extension has been requested and approved. Late documentation will not be accepted as specified in the Department directive mentioned above.

MEMBER'S SIGNATURE	DATE
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SUPERVISORY APPROVAL

List member's last two performance ratings: _____

SUPERVISOR'S SIGNATURE	DATE
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Does the member's Exempt Unit Commanding Officer recommend approval of this tuition reimbursement application? Yes No

If no, submit a To/From/Subject report to the Director of the OPSA/Human Resources Division stating reasons for denying approval.

EXEMPT MEMBER'S SIGNATURE	DATE
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RELEASE OF FINANCIAL AID INFORMATION

MEMBER: COMPLETE SECTION A ONLY. This form is part of the Tuition Reimbursement Application. It must be submitted each school term. The OPSA/ Human Resources Division will forward this release to the educational institution to obtain information regarding financial aid a member may be receiving.

Tuition Reimbursement Applications will not be processed for payment until the OPSA/Human Resources Division receives this completed form from the educational institution.

SECTION A TO BE COMPLETED BY DEPARTMENT MEMBER

NAME (LAST- FIRST- MI)	STUDENT ID. NUMBER
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I hereby authorize _____ to release to the OPSA/Human Resources Division
(Name of School)
all financial aid information requested below for the _____ term.
(Term and Year)

SIGNATURE	DATE
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SECTION B TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION ONLY

Return completed form to:

Office of Public Safety Administration
Human Resources Division
3510 S. Michigan Ave. 3rd Floor
Chicago, IL 60653
(312) 745 - 5328
tuition.reimbursement@chicagopolice.org

1. Is the student receiving financial aid for the _____ term? Yes No
(Term and Year)

2. If yes, indicate. the type and amount.

ISSC \$ _____ LEEP \$ _____ G.I. Benefits \$ _____
 Scholarship \$ _____ Other \$ _____ Other \$ _____

Name of Scholarship _____ Describe _____ Describe _____

PRINT NAME OF FINANCIAL AID REPRESENTATIVE	TELEPHONE NO.
SIGNATURE OF FINANCIAL AID REPRESENTATIVE	DATE

**CITY OF CHICAGO
TUITION REIMBURSEMENT PROGRAM
NOTICE OF TUITION REPAYMENT REQUIREMENTS**

January 1,1997

As of January 1, 1997, any City of Chicago employee participating In the Tuition Reimbursement Program will be subject to the following tuition repayment requirements upon leaving his/her job.

1. Any employee who commences an undergraduate or graduate degree program after this date and receives the degree, will be required to repay any and all tuition reimbursement payments received related to obtaining such degree if the employee elects to resign from his/her job within one year after such degree is conferred.
2. Any employee who commences an undergraduate or graduate degree program after this date and receives the degree will be required to repay one-half (50%) of any and all tuition reimbursement payments received related to obtaining such degree if the employee elects to resign from his/her job more than one year but less than two years after the date such degree is conferred.
3. Any employee who commences an undergraduate or graduate degree program after this date and then voluntarily resigns from employment with the City before the program is completed and the degree conferred will be required to repay 100% of all tuition reimbursement payments received at any time up to two years preceding the employee's date of resignation.

I, _____ have read the above
(Print Name)

statement relating to tuition reimbursement requirements and, as a condition of my eligibility for tuition reimbursement payments, agree to comply with them as a participant in the Tuition Reimbursement program.

Signature

Date

TUITION REIMBURSEMENT PROGRAM APPLICATION RECEIPT

APPLICANT: PLEASE COMPLETE THE FOLLOWING SELF-ADDRESSED RECEIPT AND RETURN IT WITH YOUR COMPLETED TUITION REIMBURSEMENT APPLICATION. **NOTE:** THIS RECEIPT DOES NOT INDICATE ACCEPTANCE INTO THE TUITION REIMBURSEMENT PROGRAM; IT IS A RECORD INDICATING THE DATE ON WHICH THE TUITION REIMBURSEMENT SECTION RECEIVED THE APPLICATION.

Print or type		
APPLICANT'S NAME	TITLE	EMPLOYEE NUMBER
UNIT NUMBER		
TERM/YEAR	START DATE	END DATE

To receive tuition reimbursement, an applicant must comply with all existing Department directives and procedures regarding this Program. Failure to comply with existing Department directives and procedures will result in denial of reimbursement.

Once the term is completed, it is the applicant's responsibility to hand-deliver the required original documents on official letterhead from the academic institution to the OPSA/Human Resources Division, Tuition Reimbursement Section, 3510 S. Michigan Avenue, 3rd Floor, Chicago, Illinois 60653, within 45 days of term completion. Participants who wish to request an extension of time in order to submit the required documents, because final grades will be issued more than 45 days after the end of term or for other valid reasons must submit a written request for an extension of time to the Director of the OPSA/Human Resources Division within 45 days of the completion of classes. Such requests must include documentation that supports your request. The Director of the OPSA/Human Resources Division will make a final determination as to whether an extension will be granted.

Applicants must submit a new Tuition Reimbursement Application each school term.

Questions regarding the Tuition Reimbursement Program are to be directed to the Tuition Reimbursement Section of the OPSA/Human Resources Division, on Bell 745-5328 or Pax 0350.

THIS RECEIPT IS NOT VALID UNTIL TIME STAMPED BY THE OPSA/HUMAN RESOURCES DIVISION.

DO NOT LOSE THIS RECEIPT