

VOCATIONAL TRAINING REIMBURSEMENT PROGRAM APPLICATION

CHICAGO POLICE DEPARTMENT

TERM

YEAR

Print or type. Please provide all requested information to avoid delay in processing.

Completed applications must be received by the Human Resources Division no later than 30 days prior to the start of classes each term.

| | | | | |
|---|--|---------------------|----------|------|
| NAME (LAST-FIRST-M.I.) | | SOCIAL SECURITY NO. | SEX | RACE |
| HOME ADDRESS | | | ZIP CODE | |
| DATE AWARDED DUTY/OCCUPATIONAL DISABILITY PENSION | | DAYTIME PHONE NO. | | |

SCHOOL/CLASS INFORMATION

| | |
|----------------|----------------|
| NAME OF SCHOOL | SCHOOL ADDRESS |
|----------------|----------------|

- CERTIFICATE TYPE: _____
- BACHELOR DEGREE PROGRAM
- ASSOCIATE DEGREE PROGRAM

COURSE INFORMATION

| COURSE NO. | COURSE NAME | START DATE | END DATE* | CREDIT HRS. | TUITION COST |
|------------|-------------|------------|-----------|-------------|--------------|
| | | | | | |
| | | | | | |

*Official and original documentation (grades, billing and proof of payment) must be received in the Human Resources Division no later than 45 days after this date, unless an extension has been requested and approved. Extensions will not be granted due to an inability to pay tuition.

I am requesting vocational training reimbursement in accordance with the provisions of Department Directive (Employee Resource E-07-05) entitled "Vocational Training Reimbursement Program." I certify by my signature that the above information is correct.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

DO NOT WRITE BELOW THIS LINE

- Retirement Board of the Policeman's Annuity and Benefit Fund award letter granting Duty/Occupational Disability Pension has been submitted by applicant.
- Approved
- Denied
Reason: _____

| | |
|---|------|
| HUMAN RESOURCES DIVISION DIRECTOR'S SIGNATURE | DATE |
|---|------|

RELEASE OF FINANCIAL AID INFORMATION

MEMBER: **COMPLETE SECTION A ONLY.** This form is part of the Vocational Training Reimbursement Program Application. It must be submitted each school term with the first page of the application. The Chicago Police Department's Human Resources Division will forward this release to the educational institution regarding financial aid a member may be receiving.

Vocational Training Reimbursement Program Applications will not be processed for payment until the Chicago Police Department's Human Resources Division receives this completed form from the educational institution.

SECTION A TO BE COMPLETED BY APPLICANT

NAME (LAST- FIRST- MI.)

STUDENT IDENTIFICATION NUMBER

I hereby authorize _____ to release to the Chicago Police Department all financial aid
(Name of School)
information requested below for the _____ term.
(Term and Year)

SIGNATURE

DATE



SECTION B TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION ONLY

Return completed form to: Chicago Police Department
Human Resources Division
3510 S. Michigan, Room 4007 SW
Chicago, IL 60653
(312) 745-5328

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 _____

PRINTED NAME OF FINANCIAL AID REPRESENTATIVE

TELEPHONE NO.

SIGNATURE OF FINANCIAL AID REPRESENTATIVE

DATE

VOCATIONAL TRAINING REIMBURSEMENT PROGRAM RECEIPT

APPLICANT: PLEASE COMPLETE THE FOLLOWING SELF-ADDRESSED RECEIPT AND RETURN IT WITH YOUR COMPLETED VOCATIONAL TRAINING REIMBURSEMENT PROGRAM APPLICATION.

| PRINT OR TYPE | |
|------------------|-----------------|
| APPLICANT'S NAME | EMPLOYEE NUMBER |
| HOME ADDRESS | |
| TERM | |

To receive vocational training 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.

Applicants must complete an application package to **reapply** to the program within 30days prior to starting **each new term**.

It is the applicant's responsibility to ensure required original documentation is received by the Human Resources Division, 3510 S. Michigan Avenue, Room 4007 SW, Chicago, Illinois 60653, **no later than 45 days after the last day of class(es) in a term**.

Questions regarding the Vocational Training Reimbursement Program should be directed to the Human Resources Division, on Bell 745-5328.

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

DO NOT LOSE THIS RECEIPT