

# RI PUBLIC EMPLOYEES' TRAINING FUND

## TUITION REIMBURSEMENT RULES

1. Tuition reimbursement grants shall be available to bargaining unit members who are in good standing. Grants are available for up to \$300.00 per course and up to \$500.00 per member every 24 months.
2. Reimbursement will be made for tuition, fees, lab costs and required books and shall be based on seniority, on a rotating basis, and shall be made in a fair and equitable manner and shall benefit the greatest number of members as is practicable. After use for a course, books paid for under this program will be kept in a designated Union library available for general reference and for use by other members who may take the same course.
3. The Training Fund shall meet at least once during the months of May, June, August, and December for consideration of Tuition Reimbursement Applications. The Training Fund shall also meet at the request of the Chairperson.
4. Initial application for tuition reimbursement shall be made prior to taking a course on a form specified by the Training Fund. The Training Fund shall consider all those applications received prior to the 15<sup>th</sup> day of the months in which it meets. Applicants may be asked to come to a Training Fund meeting to furnish additional information about their requested reimbursement. If an application is approved, the applicant is responsible for submitting receipts for tuition, fees, and books, as well as a transcript showing successful completion of the course before reimbursement can be made. Requests for applications and claims for reimbursement shall be made to the **Rhode Island Public Employees' Training Fund, 410 South Main Street, Providence, RI 02903.**
5. The Committee shall review all requests submitted by bargaining unit members for graduate, undergraduate, and GED courses, including trade school.
6. Absent specific pre-enrollment approval by the Trustees and contributing employers, training courses that qualify for additional and permanent wage increases shall not be considered eligible for reimbursement (6/16/03).
7. The Training Fund reserves the right to revise, amend, or expand these rules as necessary and as in the best interest of the membership, all in the opinion of the Training Fund Board of Trustees.
8. Once applicants have exhausted their maximum funds allowable of \$500, members will be eligible to reapply exactly 24 months after the graduation/conclusion date specified on the application in which they had received their maximum payment (5/21/04).

**RHODE ISLAND PUBLIC EMPLOYEES' TRAINING FUND  
(INITIAL APPLICATION FOR TUITION REIMBURSEMENT - SEE RULE #4.)**

**APPLICANT INFORMATION:**

Date: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Home \_\_\_\_\_  
Address \_\_\_\_\_  
Street City/State zip code Daytime Phone#  
Employer \_\_\_\_\_ Dept \_\_\_\_\_  
Present Job Title \_\_\_\_\_  
Seniority Date \_\_\_\_\_

**PREVIOUS EDUCATIONAL BACKGROUND:**

<i>Type of School</i>	<i>Name</i>	<i>Year Graduated</i>	<i>Degree/Certificate</i>
High School	_____	_____	_____
Technical, Business, Vocational	_____	_____	_____
College	_____	_____	_____
Other Career Enhancement Courses	_____	_____	_____

**COURSE INFORMATION:**

Course Title \_\_\_\_\_ Course Code \_\_\_\_\_  
Name of School \_\_\_\_\_  
Credit Hours or Course Length \_\_\_\_\_  
Course Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_  
Class Schedule: M T W Th F From \_\_\_\_\_ To \_\_\_\_\_  
Is this course part of a degree program? \_\_\_\_\_ No \_\_\_\_\_ Yes  
IF YES, circle one: \_\_major requirement, \_\_distribution, \_\_elective  
IF YES, What degree? \_\_\_\_\_ Major? \_\_\_\_\_  
Course Costs: Tuition & Fees \$ \_\_\_\_\_ + Books \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

I hereby apply for reimbursement of tuition, fees, and required book expenses for this course. I understand that, if approved, I must submit a transcript to show course completion and receipts for tuition, fees, and books to receive reimbursement.

\_\_\_\_\_  
Signature

(FOR FUND USE ONLY)

<p>This Application has been reviewed and _____ approved/_____ denied by the Rhode Island Public Employees' Training Fund Board of Trustees.</p> <p>Chair _____ (Signature) Date _____</p>
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