

Boulder Rural Fire Rescue

Tuition Reimbursement Request Form

Authority: CBA Article 23 — Education and Tuition Reimbursement

How to use this form

1. Before your course starts: complete Parts 1–4, attach the course description and estimated cost documentation, sign, and route to your supervisor. Supervisor forwards to the Fire Chief or designee for approval.
2. After your course ends: complete Part 5, attach proof of completion (grade report/transcript) and itemized receipts, and submit to the Fire Chief or designee within thirty (30) days of course completion.
3. Reimbursement is processed within one (1) pay period following verification of completion and documentation.

PART 1 — EMPLOYEE INFORMATION

Name (Last, First, MI)

Rank / Position

Employee ID

Years of Service

Date Submitted

Work Email

Phone

Eligibility quick-check — confirm each before submitting:

- I have at least two (2) years of full-time service (volunteer BRFR time counts).
- I am in good standing with the District.
- Course is credit-bearing and offered by an accredited college, university, or trade school.

PART 2 — COURSE INFORMATION

Institution / School Name

Course Title

Course Number

Start Date

End Date

Term / Semester

Credits / Units

Attachments (check each that is included with this request):

- Course description Estimated cost documentation (tuition/fees/books)

PART 3 — ESTIMATED COSTS

Tuition

\$

Required Fees

\$

Books / Required Materials

\$

TOTAL AMOUNT REQUESTED

\$

PART 4 — EMPLOYEE ACKNOWLEDGMENT

I acknowledge and agree that final grades and proof of course completion must be submitted to the Employer within thirty (30) days of course completion. Reimbursement is contingent upon successful completion of the approved course, defined as earning a grade of "C" or better, or a "Pass" in a Pass/Fail grading system. Failure to meet these requirements may result in denial of reimbursement. If I voluntarily separate from employment or am terminated for cause within twelve (12) months of receiving tuition reimbursement, I shall be required to repay the District as outlined in CBA Article 23, Section 7 (Repayment Obligation). By signing below, I affirm understanding and acceptance of these terms.

Employee Signature

Date

Boulder Rural Fire Rescue — Tuition Reimbursement Request Form (cont.)

SUPERVISOR ACKNOWLEDGMENT

Supervisor confirms receipt and forwards to the Fire Chief or designee for approval per CBA Art. 23 § 5.

Supervisor Name **Date**

Supervisor Signature

FIRE CHIEF OR DESIGNEE — FINAL APPROVAL

Approved **Denied** **Approved Amount** \$

Comments / Conditions

Fire Chief or Designee — Name **Date**

Signature

PART 5 — COMPLETION & REIMBURSEMENT CLAIM (complete after course ends)

Final Grade **Completion Date** Itemized receipts attached
 Grade report / transcript attached

Actual Tuition **Actual Fees** **Actual Books / Materials**
\$ \$ \$

TOTAL REIMBURSEMENT CLAIMED \$

Employee Signature (Claim) **Date**

FOR OFFICE USE ONLY

Date Received <input type="text"/>	Reimbursement Paid \$ <input type="text"/>	Processed By <input type="text"/>
Pay Period <input type="text"/>	Repayment Obligation Ends <input type="text"/>	<i>(12 months from reimbursement — CBA Art. 23 § 7)</i>

Submit completed form to: your direct Supervisor, who will forward to the Fire Chief or designee.