



CLEAR FORM

Fayetteville Fire Department Education Incentive Pay

INSTRUCTIONS: Complete and attach a **certified** copy of your college or university transcript. Submit the application and transcript to the Administrative Division for review and approval. The completed application and submitted transcript will be returned the applicant, notifying him/her of the application status. If approved, the notification will include the date on which the education pay will become effective.

NAME (LAST, FIRST, MIDDLE):		
FULL NAME WHEN DEGREE WAS AWARDED:		
FULL NAME AND ADDRESS OF COLLEGE/UNIVERSITY THROUGH WHICH DEGREE WAS AWARDED:		
MAILING ADDRESS OF REGISTRAR:		
FIELD OF AWARDED DEGREE:		
LEVEL OF DEGREE AWARDED: <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTER'S or Above		
I certify by my signature below that I have read and understand this policy and the conditions under which I may be granted supplemental education pay. I further understand that if education incentive pay is granted to me, it may be altered, amended, reduced or discontinued solely at the City's discretion and that I, in no way, vest any right to the continuation of the additional compensation authorized under this supplemental pay program.		
SIGNATURE OF EMPLOYEE:		DATE:
ADMINISTRATION OFFICE ONLY		
IN ACCORDANCE WITH POLICY 409 <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED		
<input type="checkbox"/> ASSOCIATE'S DEGREE (\$1500 Annually/\$57.69 Per Pay Period) <input type="checkbox"/> BACHELOR'S DEGREE OR HIGHER (\$3000 Annually/\$115.39 Per Pay Period) PAYROLL EFFECTIVE DATE: <input type="text"/> INITIAL: _____		
PERSONNEL TECH SIGNATURE :		DATE:
SIGNATURE OF CHIEF OR DESIGNEE		DATE:
DISTRIBUTION:		
<input type="checkbox"/> TRAINING/PERSONNEL FILE	<input type="checkbox"/> HUMAN RESOURCE/DEV	<input type="checkbox"/> APPLICANT COPY