STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

COMMISSION ON FIRE FIGHTING

2161 Unionville Deason Road
Bell Buckle, TENNESSEE 37020
931-294-4140

Must Be Sent Hard Copy to the Address Above

EDUCATIONAL INCENTIVE PAY REQUEST
TO THE
TENNESSEE COMMISSION ON FIRE FIGHTING

TO BE SIGNED BY THE CHIEF ADMINISTRATIVE OFFICIAL OF CITY/COUNTY

Request for payment of fire personnel Educational Incentive Pay is hereby made. I have examined the attached reporting form and find it complete and correct to the best of my knowledge. This fire department is part of the unit of government of which I am the Chief Administrative Officer.

Request for payment is made with the understanding that payments disbursed by the State of Tennessee are subject to the deduction of applicable taxes by the local unit of government before disbursement to eligible full-time personnel.

Fire Department.

TOTAL NUMBER OF FIRE SERVICE PERSONNEL FOR WHICH EDUCATIONAL INCENTIVE PAY IS REQUIRED FOR : _____ 2015

Number of Person

Using the drop down select the year training was conducted.

I certify that the personnel listed were on the payroll as of December 31 2015 are eligible based upon conditions outlined in Chapter 0360-7-1-.06 (8) of the Commission's Rules and Regulations.

_____ _____

Chief Administrative Official's Signature Date
DO NOT TYPE (FIRE CHIEF - DO NOT SIGN)

_____ _____

TYPE OR PRINT NAME OF ABOVE OFFICIAL TITLE

OFFICIAL MAILING ADDRESS:

_____

_____

_____

FOR COMMISSION USE ONLY:

# of Fire Personnel: _____ Date Received in Office:_____

Date Paid: _____ Amount Paid: $_____