



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING
2161 Unionville Deason Road
Bell Buckle, TN 37020

**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.

TOTAL NUMBER OF FIRE SERVICE PERSONNEL FOR WHICH EDUCATIONAL INCENTIVE PAY IS REQUIRED FOR 2022: _____

I certify that the personnel listed were on the payroll as of December 31 of this program's calendar year 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
DO NOT TYPE (FIRE CHIEF - DO NOT SIGN)

Date

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: \$ _____