Department of Commerce & Insurance

DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING PERSONNEL STANDARDS AND EDUCATION

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

EDUCATIONAL INCENTIVE PAY REQUEST FOR VOLUNTEER FIREFIGHTERS

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 personnel.

Total number of volunteer firefighters for which _____ Fire Department is requesting the Educational Incentive Payment : _____

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 for which I am the Chief. Further, I certify that the personnel listed were volunteer firefighters as of December 31 of this program's calendar year and are eligible to receive the educational incentive pay requested based upon rules outlined in Chapter 0360-07-01.

_____ _____
Signature of Chief Administrative Official or Fire Chief | Date

_____ _____
Printed Name of Chief Administrative Official or Fire Chief | City or County

Mailing Address:_____

_____

Send all original forms by mail to the Firefighting Commission.

FOR COMMISSION USE ONLY:

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

Date Paid: _____ Amount Paid: $_____

Department Edison ID: _____ Staff Initials: _____