

**OFFICE OF THE STATE COMPTROLLER
FIRST RESPONDER FORM
CSCU Tuition Form PA 26-12**

Eligibility for benefits is restricted to first responders, defined as certified or licensed law enforcement, fire service, or emergency medical service personnel, who have been employed for at least two years.

Section I. of this form must be completed by the employee requesting participation in the program. The form must be submitted to the Authorized Person at the Agency/Department to complete Sections II. and III. A copy of the completed form should be emailed to the employee at the address reflected below and a copy shall be submitted to the Comptroller's Office.

Please note that CSCU may have additional eligibility and application requirements necessary to receive the statutory tuition benefit.

I. EMPLOYEE PERSONAL INFORMATION – TO BE COMPLETED BY EMPLOYEE

LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS
HOME ADDRESS (Street No., Name) (City, State, Zip Code)						
HIRE DATE			POSITION/TITLE			

II. EMPLOYEE ELIGIBILITY FOR TUITION ASSISTANCE FROM CSCU

Check the applicable box below to confirm that:

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- (a) the employee is a certified police officer, and
(b) the employee has been employed for at least two years

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- (a) the employee is a career or volunteer firefighter, and
(b) the employee has been employed for at least two years, and
(c) the undersigned Chief agrees to participate in the Fire Service Benefits Registry once created

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- (a) the employee is a licensed emergency medical service professional, and
(b) the employee has been employed for at least two years

III. SIGNATURE

NAME & TITLE OF AUTHORIZED PERSON AT AGENCY/DEPARTMENT

AUTHORIZED AGENCY SIGNATURE

PHONE

DATE

