

WESTVILLE FIRE DISTRICT NO. 1
23 W. OLIVE STREET, WESTVILLE, NEW JERSEY 08093

REIMBURSEMENT FOR ATTENDING SCHOOLS AND SEMINARS

POLICY# F2.2
DATE ADOPTED 5/22/97
DATE REVISED 10/23/96

PURPOSE OF POLICY: **TO DEFINE WHEN REIMBURSEMENT FOR SCHOOLS AND SEMINARS IS ALLOWED**

1. Reimbursement for attending schools or seminars will occur under the following conditions:
 - 1.1 That a request is made to, and approved by, the Board of Fire Commissioners for attendance at a course or seminar.
 - 1.2 That all appropriate forms related to course or seminar must be completed.
2. Reimbursement of the individual can occur after the bill or voucher is received and approved for payment at the regular meeting of the Board of Fire Commissioners.
3. Vouchers may also be presented to the Instructional Institute or Organization involved, by the individual, and then paid by the Fire District when the voucher is processed.
4. Failure to attend class and not receive a certificate will forfeit the right to attend future schools or seminars, unless:
 - 4.1 A hardship request, explaining the failure to attend class, is presented to The Board of Fire Commissioners in writing, and the Board accepts the explanation; **OR**
 - 4.2 The Board of Fire Commissioners is fully reimbursed for the cost of the course that was not completed.
5. If an individual makes a sincere effort to complete the training course, but is not successful in gaining a Certificate, that individual will be allowed to repeat the training course, upon the recommendation of the Chief and the approval of the Board of Fire Commissioners.
6. All training must be applied for on the training form below, all of the terms and conditions must be agreed on and signed off on, including a witness.
7. The Westville Fire District will not reimburse any personnel for any classes taken prior to them completing their (3) three month probationary period with the Westville Fire Department
8. No member shall be permitted to attend training in their first (3) months of membership unless it is at no cost to the Westville Fire District.

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WESTVILLE FIRE DISTRICT TRAINING FORM

* You must have completed your (3) month
probationary period prior to signing up for training *

NAME _____ DATE _____

NAME OF CLASS _____

LOCATION OF CLASS _____

DATES OF CLASS _____

AMOUNT OF THE PAYMENT FOR THE CLASS \$ _____

It is to be understood by the firefighter/EMT participating in the training class listed above, that any person who takes training that is paid for by the Westville Fire District's training payment program, per the Westville Fire District Policy #F2.2, any person that takes training will be required to remain an active member of the Westville Fire Department for a minimum of 9 years. The cost of each training class will be prorated by each year you remain active in the department. The cost of the class divided by 9. If you leave the department prior to the required 9 years, you will be required to pay the Westville Fire District back the pro rated rate within 3 months of terminating your membership with the department. If you change your membership status to a social member, you will still be required to pay the fire district and be treated as you terminated your membership. In the event payment is not received from the firefighter/EMT by the stated deadline listed above, the District will pursue legal action to collect the unpaid balance and the firefighter/EMT will be responsible for payment of all legal fees and costs incurred by the Fire District in so doing. The Fire District will pursue legal action in the Special Civil Part of the Superior Court of New Jersey, or in small claims court.

Example: If you applied for an EMT class for \$ 550.00 - each year that you stay active, \$ 61.11 would be deducted from your balance owed.

By signing below, you agree to the requirements listed above.

I HAVE READ THIS FORM, I AGREE WITH THIS POLICY AND WOULD LIKE THE FIRE DISTRICT TO PAY FOR MY TRAINING KNOWING THAT I WILL BE REQUIRED TO STAY ACTIVE FOR THE NEXT (9) NINE YEARS.

FIREFIGHTER/EMT _____ DATE _____

WITNESS _____ DATE _____

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