

PHILADELPHIA HOSPITAL AND HEALTH CARE –DISTRICT 1199C
TRAINING AND UPGRADING FUND

100 SOUTH BROAD STREET, 10TH FLOOR, PHILADELPHIA, PA 19110

Date:

To: District 1199C Eligible Union Member

FINAL WARNING LATE WAIVER

It is the policy of this office to **extend a one-time courtesy ONLY** to members **who have never used** the Training Fund and is not aware of the standard rule that all applications for tuition reimbursements must be submitted **three (3) weeks** before the start of a course. This rule is also stated on the back of the application, please refer to #1 and #2.

Your Tuition Reimbursement Application(s) was not submitted within the required (3) week time period for semester(s): _____.

This is a final warning for late submission. As of this date _____, we will not accept or approve any further late submission of applications.
NO EXCEPTIONS!

Please sign below indicating that you have been counseled by representative _____ with a clear understanding that late submission of applications received **will not** be honored in the future.

Member/Student's Signature

Date Read & Signed

Print Name

Employer: _____

Staff Signature: _____

Office: (215) 735-5555

Email: _____