

**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

It is the policy of this office to **extend a one time courtesy** to members who meet the qualifications of the Training Fund benefits and have never used the Training Fund. However, the **standard rule** for tuition reimbursement is that all applications for reimbursements **must be submitted three (3) weeks** before the start of a course(s) for each semester.

Please sign below indicating that you understand that **late** submission of applications received **will not** be honored in the future. Once the Fund's Director review and approves your application for the one time courtesy, we will send you a confirmation via email or in the mail. All applications and funds must be approved.

Please find the **Summary Plan Description booklet (SPD)** at <https://www.1199ctraining.org/1199c-member-benefits> which further explains tuition reimbursement eligibility and application procedures.

Confirmation received or reviewed SPD Booklet on line: _____ Initial

Any questions should be directed to the Tuition Reimbursement Office Representatives in person or call (215) 735-5555.

Member/Student's Signature

Date Read & Signed

Employer: _____
Print Name

Staff Signature for acknowledgement: _____