



**FIREFIGHTERS SUPPLEMENTAL COMPENSATION PROGRAM
APPLICATION FOR RE-ENTRY
BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print requested information legibly.

NAME OF FIREFIGHTER: LAST			FIRST	M.I.	MAIDEN NAME (If applicable)	
HOME ADDRESS		CITY		STATE	ZIP CODE	
SOCIAL SECURITY NUMBER ¹				TELEPHONE #		
NAME OF FIRE DEPARTMENT						
FIRE CHIEF/AUTHORIZED AGENT				DEPARTMENT TELEPHONE #		
DEPARTMENT MAILING ADDRESS		CITY		STATE	ZIP CODE	
Date of change in eligibility status: _____				Position Held: _____		
NAME OF INSTITUTION DEGREE WAS EARNED				TITLE OF DEGREE		

Reason for Change in Eligibility Status:

- | | |
|---|--|
| <input type="checkbox"/> Suspension Completed
and returned to duty

<input type="checkbox"/> Returned from leave of absence
without pay | <input type="checkbox"/> Suspension Repealed
back salary awarded with no loss of seniority

<input type="checkbox"/> Rehired
by same agency

<input type="checkbox"/> Employed
with another employing agency |
|---|--|

NOTE: IF EMPLOYED WITH ANOTHER AGENCY OR REHIRED BY SAME AGENCY, THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION

1. Applicant's official job description for current position held.
2. Letter from the Fire Chief or Chief Administrative Officer on department letterhead, certifying that the Associate Degree or the Bachelor Degree conferred upon this applicant and the course work identified on the official college transcript relates to fire department duties included in the firefighters official position description. Please refer to Administrative Code Rule 4A-37.084.

SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT	DATE
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**NOTE: THIS FORM IS TO BE SUBMITTED BY THE EMPLOYING AGENCY WITHIN TEN (10) BUSINESS DAYS OF ELIGIBILITY TO THE:
BUREAU OF FIRE STANDARDS & TRAINING
11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486**

<u>Bureau Use Only</u>			Effective Date: _____		
01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>	06 <input type="checkbox"/>
07 <input type="checkbox"/>	08 <input type="checkbox"/>	09 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>

Recorded by: _____ Date: _____

¹ Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.

