



## EMPLOYEE TUITION PLANS - APPEAL APPLICATION

### EMPLOYEE SECTION: You must complete ALL information.

All appeals will render an initial decision within sixty (60) days of receiving a request for review unless special circumstances required an extension of time, in which case a decision will be rendered within one hundred and twenty (120) days.

Employee Name: \_\_\_\_\_ Global ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Plant: \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Type of Class:     ETAP     PDA     PDA-EEC     SDC     NVRAP     Other

Education Provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

**Provider E-mail Address:** \_\_\_\_\_

Term Begin Date(s): \_\_\_\_\_ Term End Date(s): \_\_\_\_\_

App ID#: \_\_\_\_\_ Course(s): \_\_\_\_\_

Date of original application (attach copy): \_\_\_\_\_

Reason(s) for denial of application: \_\_\_\_\_

Explain why you are appealing this decision:  
(please attached additional documentation, if needed)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### JTC SECTION

Approved                       Denied                       Referred to legal services

Comments:

Date: \_\_\_\_\_ Date: \_\_\_\_\_

UAW Representative: \_\_\_\_\_ Ford Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

UAW Representative: \_\_\_\_\_ Ford Representative: \_\_\_\_\_