



## 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  CES  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: