

COLLEGE TUITION REIMBURSEMENT PROGRAM APPLICATION
NURSES' ENHANCED COLLEGE TUITION REIMBURSEMENT PROGRAM APPLICATION
Effective January 1, 2017 – December 31, 2017

This application form can be used to apply for reimbursement through the College Tuition Reimbursement (CTR) and Nurses' Enhanced CTR Programs. Listed below are some important reminders. For complete guidelines and printable application forms, go to: www.goer.ny.gov/Training_Development/PEF.

- Read the CTR Program Guidelines and/or the Nurses' Enhanced CTR Program Guidelines to confirm this program applies to your course. Applications that fail to adhere to the guidelines will be denied.
- All applications must be submitted within 90 days of the end date of the course.
- A **separate** application form and supporting documentation must be submitted for **each** course. **If you wish to use the Nurses' Enhanced CTR Benefit, a supplemental form must be submitted in addition to this application.**
- Eligible employees may be reimbursed for as many as two qualifying courses that commence during the 2017 calendar year.
- Qualifying undergraduate courses will be reimbursed at a rate of \$350 per credit up to a maximum of \$1,400 per course.
- Qualifying graduate courses will be reimbursed at a rate of \$550 per credit up to a maximum of \$2,200 per course.

To File Application:

- Complete **all** fields of the application that apply to your course, even if the information appears on supporting documentation. Blank fields will delay the processing of reimbursement.
- Sign and date the application. Unsigned applications will be returned for signature.
- Check to ensure that you have all necessary documentation with the application. Missing documentation will delay the processing of reimbursement.
- Submit signed, dated application, and supporting documentation in **one** of the following ways:
 - *Email:* Scan application and supporting documentation, convert to PDF, and email by application deadline to psttraining@goer.ny.gov. All emailed documentation must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, etc. will not be accepted.)
 - *U.S. Mail:* Mail application and supporting documentation, postmarked by application deadline, to:

NYS Governor's Office of Employee Relations
PSTP Reimbursement Unit, 7th Floor
2 Empire State Plaza
Albany, NY 12223-1250

Submitting duplicate applications may cause a delay in processing reimbursement.

GOER is not responsible for lost, misdirected, late, or incomplete applications.

All questions can be addressed to psttraining@goer.ny.gov or by calling (518) 474-6612.

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PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

Applicant Information

Are you a NYS employee represented by PEF?		Date you began State Service (mm/dd/yyyy)											
Last 4 digits of Social Security Number (Required for payment by the OSC) XXX – XX – _____		NYS EMPLID Number (found on paycheck stub) (Required for payment by the OSC) N _____											
First and Last Name (as it appears on your NYS paycheck stub)		Job Title											
Home Address		City	State ZIP code										
Home Phone	Cell Phone	Primary Email Address											
Agency Name		Facility/Department/Division Name											
Work Phone	Extension												
Current Job Status													
<table border="1"> <tr><td>Full Time</td><td><input type="checkbox"/></td></tr> <tr><td>Part Time (50% or more)</td><td><input type="checkbox"/></td></tr> <tr><td>Less than half time (currently actively employed)</td><td><input type="checkbox"/></td></tr> </table>		Full Time	<input type="checkbox"/>	Part Time (50% or more)	<input type="checkbox"/>	Less than half time (currently actively employed)	<input type="checkbox"/>	<table border="1"> <tr><td>Laid-Off* (on preferred list)</td><td><input type="checkbox"/></td></tr> <tr><td>On Non-disciplinary Leave*</td><td><input type="checkbox"/></td></tr> </table>		Laid-Off* (on preferred list)	<input type="checkbox"/>	On Non-disciplinary Leave*	<input type="checkbox"/>
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* Additional documentation required. Refer to College Tuition Reimbursement Guidelines.													

Course Details

Name of Accredited Educational Institution			
Are you matriculated in a degree program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If matriculated, what is your major?			
Course Name	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
Course Number	Course Type	Undergraduate <input type="checkbox"/>	
Number of course credits		Graduate <input type="checkbox"/>	
Course grade		Post Graduate Certificate Program <input type="checkbox"/>	
		Specialized Certification <input type="checkbox"/>	
Is this course or event related to your current job or your career progression with NYS?		Job <input type="checkbox"/>	Career <input type="checkbox"/>
If career related, explain career ladder or career change.			
Tuition cost, not including any fees \$		Other assistance you have received or will be receiving from your agency, facility, or from other sources (not including this request) \$	

Certification

By signing and dating this application, I hereby certify that all information contained on this application and attached supporting documentation is true and accurate. I have read and understand the guidelines for this program and agree to comply with all the program policies and procedures. I understand failure to complete a course successfully or failure to comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits.

Signature	Date
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