

**M/C Tuition Reimbursement Program
Part II – Application Form**

The M/C Reimbursement Unit requires a pre-approved Part I application be on file prior to submitting this Part II application. Separate application forms are required for each course or event for which reimbursement is requested. Part II applications must be postmarked no later than 60 days after the end date of the course and must be accompanied by the following documentation:

- An original grade report, transcript, or letter on letterhead from the educational provider, stating that the employee satisfactorily completed the course work or event
- An original, itemized, paid receipt from the educational provider
- Documentation showing the start and end dates of the course or event (month, day, year)

Submit signed, dated application, and supporting documentation in one of the following ways:

- Email: Email the application and supporting documentation by application deadline to Melissa.Bombard@goer.ny.gov. All emailed documentation must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, links to documentation or websites, etc. will not be accepted.)
- U.S. Mail: Mail application and supporting documentation, postmarked by application deadline to:
 Governor’s Office of Employee Relations
 M/C Reimbursement Unit
 2 Empire State Plaza, 7th Floor
 Albany, NY 12223-1250

SECTION I – EMPLOYEE INFORMATION

Name		NYS Employee ID Number (Found on paycheck stub) Required for payment by OSC N _____		
Start date with New York State (mm/dd/yy)		Date of last entry into State Service (mm/dd/yy)		
Home Address	City	State	ZIP code	Home Phone
Employing Agency/Facility Name				
Agency/Facility Code		Current Job Title		
Work Address	City	State	ZIP code	Work Phone
Primary Email Address		Percentage Time Working		
Degrees and Certificates Attained (circle all that apply) Associate’s Bachelor’s Master’s Ph.D. Other _____		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time, 50% or more <input type="checkbox"/> Part-Time, 50% or less <input type="checkbox"/> Leave with Pay <input type="checkbox"/> Leave without Pay <input type="checkbox"/> Laid off		

OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION

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SECTION II – COURSE WORK OR EVENT INFORMATION

Organization/Institution Name				
Organization/Institution Address		City	State	Zip-code
Course or Event Title		Course Number	Grade Received	
Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Is this a credit-bearing course?		
		<input type="checkbox"/> Yes: Number of credits _____ <input type="checkbox"/> No		

SECTION III – FINANCIAL ASSISTANCE INFORMATION

The following represents sources of educational assistance. Indicate those for which you have applied and the amount received.

Source	Approved	Disapproved	Amount Received
Agency/ Facility			
Tuition Assistance Program (TAP)			
Pell Grants			
Aid for Part-Time Study Program (APTS)			
Veterans Administration Education Benefits (GI Bill)			
NYS Vietnam Veterans Tuition Assistance			
Other			
Total			

I have investigated and applied for all alternate sources of financial assistance listed above for which I may be eligible. Yes No

SECTION IV – REIMBURSEMENT COMPUTATION

1. Tuition expense for college credit and non-credit bearing course work (or) Registration expense for workshop, seminar, or conference (Do not include college fees.)	\$
2. Other educational assistance received (Total from Part III above)	\$
3. Total amount of reimbursement requested (Subtract line 2 from line 1)	\$

SECTION V – SIGNATURE

OSC will withhold estimated taxes at the end of each calendar year from employees whose benefits from this program and any additional educational benefits from their agency exceed \$5,250. This may result in substantial withholding from paychecks at the end of the year and applicants should plan accordingly.

I understand that I may incur a tax liability.

Your signature will attest to the authenticity of the statements in this application, as well as the enclosed documentation.

I have complied with all eligibility requirements of the Tuition Reimbursement Program. All the information contained in this request is true and accurate. I have read and understand the guidelines to this program and agree to comply with all policies and procedures. Any deliberate misstatement on this application represents grounds for exclusion from reimbursement program participation.

Signature: _____ **Date:** _____