

**Education and Training Program (ETP) for NYSCOPBA-represented Employees  
2021-2022 State Fiscal Year**

**Reimbursement Application Form**

To be eligible for reimbursement, courses must begin, or have begun, on or after April 1, 2021 through March 31, 2022. Separate application forms are required for each course reimbursement is requested. Applications must be submitted no later than ninety (90) calendar days from the end date of the course. The postmark or email date will be used to determine the timeliness of the application.

The following documentation must accompany this form:

- A course description or brochure from the institution
- An original grade report, transcript, or letter on letterhead from the educational provider stating that the applicant satisfactorily completed the coursework as indicated in Section B of the ETP Guidelines
- An original, itemized, paid tuition receipt from the educational provider
- A course syllabus showing required materials and original paid textbook receipt(s)
- Documentation showing the start and end dates of the course (month, day, year)

Send all documents to: [SSUPrograms@lmc.ny.gov](mailto:SSUPrograms@lmc.ny.gov) or 518-457-9445 (fax) or

NYS Security Services Unit JLMC  
ETP/S. DeJohn  
240 Washington Avenue Ext., Suite 502  
Albany, New York 12203

**SECTION I – EMPLOYEE INFORMATION (Employee completes)**

Last Name		First Name		Start date with New York State (mm/dd/yyyy)	
NYS EMPLID (Found on paycheck stub) Required for payment by OSC <b>N</b>					
Home Address		City	State	Zip Code	Home/Cell Phone
Employing Agency/Facility Name			Agency Facility Code		
Work Address, City, State			Zip Code	Work Phone	
Current Job Title			<b>*Primary Personal Email Address</b>		

**\*Required for email communications from JLMC staff. (SSUPrograms@lmc.ny.gov)**

**SECTION II – COURSEWORK INFORMATION (Employee completes)**

School/Institution Name		
School/Institution Address, City, State, Zip Code		
Course Title		Course Number
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	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	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 (specify)	
<b>Total</b>	

**SECTION IV – REIMBURSEMENT COMPUTATION**

1. Tuition expense for college credit and non-credit bearing coursework	
2. Course-related expenses: registration fee, textbooks, lab fees, digital fees	
3. Total (Add lines 1 and 2 above)	
4. Other educational assistance received (Total from Part III above)	
5. Total amount of reimbursement requested (Subtract line 4 from line 3)	

**SECTION V – SIGNATURE**

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 ETP. All the information contained in this request is true and accurate. I have read and understand the Program Guidelines and agree to comply with all policies and procedures. Any deliberate misstatement on this application represents grounds for exclusion from ETP Program participation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State  
of  
New York

# EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name		Business Unit/Department Code	
Employee ID	Official Station Address		Official Station Zip
Last Name	First Name	MI	Suffix
Home Address		City	State Zip
Business Purpose	Travel Description		
Start Location Street	Start Location Zip	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street	Destination Location Zip	Normal Work Hours	
Travel Start Date and Time		Travel End Date and Time	

1. Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parenthesis below)</small>	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S) <span style="float: right;">Overnight Per Diem @ \$ each =</span>			
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (AC 160-S) @ ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
<b>Total Travel Expenses – Enter in Section 2 Line A</b>		<b>Total Amount Claimed</b>	

**Traveler's Certification**

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary an incurred in the performance of my official duties.

\_\_\_\_\_  
Signature Title Date

**Supervisor's Certification (if required)**

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

\_\_\_\_\_  
Signature of Supervisor Title Date

<b>FOR AGENCY USE ONLY</b>	Expense Report Number	Travel Auth. Code
	Entered by	Date

