

**2020-2021 M/C Tuition Reimbursement Program
Retroactive Program Application Form**

The Retroactive M/C TRP provides reimbursement for eligible expenses incurred for courses or events that began during the period of April 1, 2020 through March 31, 2021. Separate application forms are required for each course or event for which reimbursement is requested. Applications must be submitted by December 31, 2021 and must be accompanied by the following documentation:

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

The postmark or email date will be used to determine the timeliness of the application.

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

- Email: Email the application and supporting documentation by application deadline to mctraining@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, by application deadline to:
Governor's Office of Employee Relations
M/C Reimbursement Unit
2 Empire State Plaza, 7th Floor
Albany, NY 12223-1250

Due to the timing of the release of the retroactive program, as well as annual tax reporting, all reimbursement payments will be delayed until after January 1, 2022.

Please note: All reimbursements issued during the calendar year are reported to the Office of the State Comptroller (OSC) during the month of October. As there is a possibility to be reimbursed for courses over three different program periods, there is potential to exceed \$5,250 in reimbursement, which may result in substantial withholding from paychecks at the end of the year. Applicants should plan accordingly.

OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION

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SECTION I – EMPLOYEE INFORMATION (Employee completes)				
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 <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		
Degrees and Certificates Attained (circle all that apply) Associate's Bachelor's Master's Ph.D. Other _____				

SECTION II – COURSE WORK INFORMATION (Employee Completes)			
Organization/Institution Name			
Organization/Institution Address		City	State ZIP code
Course or Event Title			Course Number
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	
Job-Related or Career-Related Justification (Describe how the course work related to present job duties or career goals. Attach additional sheets if necessary.)			
Is this course work part of a degree or certificate program in which you are presently enrolled/matriculated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what type of degree? Associate's Bachelor's Master's Ph.D. Other _____		Major	Total credits earned to date
Tuition expense for this course \$ _____		Other assistance received \$ _____	
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. <input type="checkbox"/>			
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: _____	

SECTION III – SUPERVISOR DETERMINATION (Supervisor Completes)

Supervisor Name (Please print)	Supervisor Title		
Email address	Phone Number		
<p>This application:</p> <table><tr><td><input type="checkbox"/> Meets the Criteria The educational activity described is:<ul style="list-style-type: none"><input type="checkbox"/> Job-Related<input type="checkbox"/> Career-Related</td><td><input type="checkbox"/> Does Not Meet the Criteria The educational activity does not qualify for reimbursement<ul style="list-style-type: none"><input type="checkbox"/> Employee Ineligible<input type="checkbox"/> Not job-related or career-related<input type="checkbox"/> Ineligible course work<input type="checkbox"/> Submitted beyond required filing period<input type="checkbox"/> Educational Institution not approvable</td></tr></table>		<input type="checkbox"/> Meets the Criteria The educational activity described is: <ul style="list-style-type: none"><input type="checkbox"/> Job-Related<input type="checkbox"/> Career-Related	<input type="checkbox"/> Does Not Meet the Criteria The educational activity does not qualify for reimbursement <ul style="list-style-type: none"><input type="checkbox"/> Employee Ineligible<input type="checkbox"/> Not job-related or career-related<input type="checkbox"/> Ineligible course work<input type="checkbox"/> Submitted beyond required filing period<input type="checkbox"/> Educational Institution not approvable
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<p>I attest to the authenticity of the statements in this application, as well as the enclosed documentation. 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 mis-statement on this application represents grounds for exclusion from reimbursement program participation.</p> <p>Supervisor Signature: _____ Date: _____</p>			