

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

To be eligible for reimbursement, courses or events must begin on or after April 1, 2016 through March 31, 2017. Qualifying courses and events must be pre-approved by GOER in order to be eligible for reimbursement by submitting this form (Part I). It is recommended that course work be approved for reimbursement prior to enrolling with the educational provider. To obtain preapproval, the following documents must be submitted prior to the start date of the course:

- Signed Part I Application Form (one application per course)
- A course description or brochure describing the course or event that includes the itemized cost, separate from any fees

Mail the documents to:

Governor’s Office of Employee Relations
M/C Reimbursement Unit
2 Empire State Plaza, 7th Floor
Albany, NY 12223-1250

Employee Eligibility

You must be a New York State or Roswell Park M/C employee who meets one of the following criteria (check applicable box):

- I am employed full-time or part-time, have Attendance Rules coverage, and have completed the 13 biweekly pay period qualifying period to earn and use vacation
- I was laid off in the past year and have not been rehired in a New York State or Roswell Park M/C position and am on the appropriate Civil Service or Roswell Park preferred list

(Note: If you do not meet one of these criteria, then you are not eligible. See Section C in the Guidelines)

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		Current Job Title		
Agency/Facility Code		Salary Grade		
Work Address	City	State	Zip-code	Work Phone
Primary Email Address		Percentage Time Working		
Degrees and Certificates Attained (circle all that apply)		<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		
Associate’s Ph.D.	Bachelor’s Other _____			

OFFICE USE ONLY: DO NOT WRITE IN THIS SECTION

--	--	--	--

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	
Course Description			

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? Yes 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 \$
---------------------------------------	---------------------------------

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 mis-statement 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

This application:

<input type="checkbox"/> Meets the Criteria The educational activity described is: <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 <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
--	--

As supervisor to the applicant, your signature will 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.

Supervisor Signature: _____ Date: _____