



M/C TUITION REIMBURSEMENT PROGRAM APPLICATION FORM

Name: Employee ID Number:
Home Address:
City: State: ZIP code:
Primary Email Address:
Home/Cell Phone Number: Work Phone Number:
Agency Name:
Job Title: Date you began State Service:

Name of Organization/Institution:

Are you matriculated in a degree program? Yes No

If yes, what is your major?

Course/Event Name:

Course/Event Number:

Number of course/event credits:

Course/Event Start Date: (mm/dd/yy)

Course/Event End Date: (mm/dd/yy)

Course/Event Grade:

Course Type: Undergraduate Graduate

Is this course/event related to your current job or your career progression within NYS?

Yes No

Tuition/Registration cost of the course, 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):

(Initials Required) 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.

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:

SUPERVISOR APPROVAL SECTION (Supervisor Completes)

Supervisor Name:

Supervisor Title:

Supervisor Email Address:

Supervisor Phone Number:

This application:

Meets the Criteria

Does Not Meet the Criteria

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.

Supervisor Signature:

Date: