

**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 or
 NYS Security Services Unit JLMC
 ETP/M. Bombard
 2 Empire State Plaza, 7th Floor
 Albany, New York 12223

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 N					
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			*Primary Personal Email Address		

***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
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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
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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)	
Total	

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:** _____