

## Education and Training Program (ETP) for PBANYS-Represented Employees

### Reimbursement Application Form

To be eligible for reimbursement, courses must begin, or have begun, on or after April 1, 2015, through March 31, 2023. Each course requires a separate Reimbursement Application Form. Applications must be submitted no later than 90 calendar days from the end date of the course. Applications for courses or events that began on or after April 1, 2015, and ended prior to April 25, 2022, must be submitted by July 25, 2022. 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 K 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)

**Submit all documents to:** APSUPrograms@lmc.ny.gov or  
NYS Agency Police Services Unit JLMC  
ETP/M. Bombard  
2 Empire State Plaza, 7th Floor  
Albany, NY 12223-1250

#### Employee Eligibility

Applicants are eligible to participate in the ETP under the following conditions:

- Currently employed in a PBANYS-represented position
- Actively employed a minimum of half-time in a PBANYS-represented position for the duration of the qualifying training and/or educational courses

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

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

Applicant Name		Start date with New York State (mm/dd/yy)		
NYS Employee ID Number (Found on paycheck stub) Required for payment by OSC				
N				
Home Address	City	State	ZIP code	Home 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 the JLMC staff. (APSUPrograms@lmc.ny.gov)

**SECTION II – COURSE WORK INFORMATION (Employee Completes)**

School/Institution Name			
School/Institution Address	City	State	ZIP code
Course 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	
Is this coursework part of a degree program in which you are presently enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type of degree?		Major	

**SECTION III – FINANCIAL ASSISTANCE INFORMATION**

The following represents sources of educational assistance. Indicate those for which you have applied and the amount received.

Source	Approved	Disapproved	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			
<b>Total</b>			

I have investigated and applied for all alternate sources of financial assistance listed above for which I may be eligible.  Yes  No

**SECTION IV – REIMBURSEMENT COMPUTATION**

1. Tuition expense for college credit and non-credit bearing course work	\$
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**

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.

**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:** \_\_\_\_\_