M/C Tuition Reimbursement Program
Part I – Application Form

To be eligible for reimbursement, courses or events must begin on or after April 1, 2022 through March 31, 2023. Applications for courses or events that began on or after April 1, 2022, and ended prior to July 22, 2022, must be submitted by September 20, 2022. Qualifying courses and events must be pre-approved by OER 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 pre-approval, 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

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@oer.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, postmarked by application deadline to:
  Office of Employee Relations
  M/C Reimbursement Unit
  2 Empire State Plaza, 7th Floor
  Albany, NY 12223-1250

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 ☐ Full-Time ☐ Part-Time, 50% or more ☐ Part-Time, 50% or less ☐ Leave with Pay ☐ Leave without Pay ☐ Laid off			
Degrees and Certificates Attained (circle all that apply) Associate's Bachelor's Master's Ph.D. 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?
		❑ Yes: Number of credits _____ ❑ 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 $

I 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:
- ❑ Meets the Criteria
  The educational activity described is:
  - ❑ Job-Related
  - ❑ Career-Related

- ❑ Does Not Meet the Criteria
  The educational activity does not qualify for reimbursement
  - ❑ Employee Ineligible
  - ❑ Not job-related or career-related
  - ❑ Ineligible course work
  - ❑ Submitted beyond required filing period
  - ❑ Educational Institution not approvable

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: _____