

Tuition Reimbursement for NYSCOPBA-Represented Employees
Guidelines for the April 30, 2009 Award Period
Applicant Information

FUNDING

The New York State/New York State Correctional Officer & Police Benevolent Association (NYSCOPBA) Tuition Reimbursement Program is funded by the April 30, 2009 Interest Arbitration Award and the negotiated agreement between the State of New York and NYSCOPBA.

ELIGIBILITY

All full-time employees whose positions are assigned to the Security Services Unit represented by NYSCOPBA and who have had six months continuous state service immediately prior to the beginning date of the course work are eligible.

COVERED EXPENSES

Reimbursable expenses are those costs that relate to the pursuit of an educational activity. These expenses include tuition for approved credit or non-credit course work, individual course registration, and all mandatory fees. The program provides reimbursement for courses beginning after March 31, 2007 through March 31, 2011.

Annual fiscal year allowance per applicant for:

April 1, 2007-March 31, 2008 = 100% of the covered tuition expense up to \$1,200

April 1, 2008-March 31, 2009 = 100% of the covered tuition expense up to \$1,200

April 1, 2009-March 31, 2010 = 100% of the covered tuition expense up to \$1,200

April 1, 2010-March 31, 2011 = 100% of the covered tuition expense up to \$1,200

Reimbursement within a fiscal year is determined by the start date of the course. The State fiscal year begins on April 1 and ends on March 31.

Beginning April 1, 2010 applicants may be reimbursed for book expenses up to a maximum of \$250 per course. To be eligible, the applicant must provide proof from the educational organization that the reading material is mandatory for the related course. Shipping fees and taxes on mandatory reading material will be paid up to the \$250 maximum. Total funds assigned to the program may be limited and are subject to availability.

APPLICATION SUBMISSION PROCESS

Once registered for course work, applicant must complete a separate Tuition Reimbursement Application SSU-004 form for each course for which reimbursement is requested. The SSU-004 form must be submitted to the agency/facility staff development or personnel office for review and approval.

APPLICANT REIMBURSEMENT PROCESS

To obtain reimbursement, applicant must complete a New York State Standard or Quick Pay Voucher available in the agency/facility business office within 30 working days following the receipt of a satisfactory course completion document.

A payment voucher must be submitted to the agency/facility staff development or personnel office for payment. The voucher will be forwarded to the agency/facility finance office to be processed through the Office of the State Comptroller in accordance with the rules and regulations concerning the expenditure of state funds. These guidelines are subject to the discretion of the agency/facility.

Attachments to the payment voucher must include:

1. the original itemized paid receipt from the educational organization
2. a copy of the Tuition Reimbursement Application SSU-004 form indicating approval of the course
3. course completion document

Note: The satisfactory course completion document must be the original grade report, or a letter from the educational organization stating satisfactory completion of the course work. The letter must indicate the date of course completion.

4. proof of mandatory reading material from the educational organization for book expense reimbursement
5. the receipt must include book title

Applicants are advised to retain a copy of the application and documentation for records.

EFFECTIVE DATE

These guidelines apply to course work beginning April 1, 2007 through March 31, 2011.

**Tuition Reimbursement Application (SSU-004 Form) for NYSCOPBA-Represented Employees
For the April 30, 2009 Award Period**

Name of Applicant _____

Address _____

Phone _____

Number of Years in State Service _____ Number of Years in Current Position _____

Title and Salary Grade _____

Agency/Facility _____

Work Location _____ Work Phone _____

Explain how this training will assist you in progressing toward reasonable career goals within state service.

Course Work & Financial Information

Educational Institution _____

Address _____

Course Title _____ Course # _____

Start Date _____ End Date _____ Number of Credits _____ or Non-Credit _____

Expense Category

Course Tuition: _____

Other Mandatory Fees: _____

Tuition and Mandatory Fees Total: _____

Less Other Sources of _____

Financial Aid (TAP, PELL, _____

Veteran's Benefits): _____

Less Other Sources of Financial Aid: - _____

Book Expense: + _____

Total Reimbursement Requested: _____

I affirm that all the above information is accurate and complete.

 Employee Signature Date

AGENCY/FACILITY ACTION: Job-Related Course Career-Related Course Disapproved

Amount approved for course work \$ _____

Amount approved for book expense \$ _____ Date Applicant Notified _____

 Authorizing Signature Title Date