

**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