

**Education and Training Program (ETP) for NYSCOPBA-represented Employees
2019-20 State Fiscal Year**

Reimbursement Application Form

To be eligible for reimbursement, courses must begin, or have begun, on or after April 1, 2016 through March 31, 2020. Separate application forms are required for each course reimbursement is requested. Retroactive applications (courses concluded by June 30, 2019) must be submitted no later than December 1, 2019. All current applications (courses beginning on or after July 1, 2019) 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)
- ☐ If applicable, a copy of the bid award notification for a position requiring a CDL

Send all documents to: SSUPrograms@lmc.ny.gov or

NYS Security Services Unit JLMC
ETP/S. DeJohn
240 Washington Avenue Ext., Suite 502
Albany, New York 12203

SECTION I – EMPLOYEE INFORMATION (Employee completes)

Applicant 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
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
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: 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:** _____

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name		Business Unit/Department Code	
Employee ID N	Official Station Address		Official Station Zip
Last Name	First Name	MI	Suffix
Home Address	City	State	Zip
Business Purpose	Travel Description		
Start Location Street	Start Location Zip	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street	Destination Location Zip	Normal Work Hours	
Travel Start Date and Time	Travel End Date and Time		

1. Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parenthesis below)</small>	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S) Overnight Per Diem @ \$ each =			
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (AC 160-S) @ ¢ per mile =			
Incidental Expenses – List (AC 3258-S)			
Total Travel Expenses – Enter in Section 2 Line A		Total Amount Claimed	

Traveler's Certification

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary an incurred in the performance of my official duties.

Signature

Title

Date

Supervisor's Certification (if required)

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor

Title

Date

Expense Report
Number

Travel Auth. Code

Entered by

Date

STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES

Submit with expense report – Use this form only when additional space is required to submit all necessary information.

Name	Travel Start Date	Travel End Date
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Incidental Expenses

Date	Description, Purpose, Item of Expenditure, Etc.	Amount Claimed
Total Incidental Expense Amount Claimed (Report on AC132-S or AC3257-S under Incidentals)		

Transportation

Date	Method, Destination, Etc.	Amount Claimed
Total Transportation Amount Claimed (Report on AC132-S or AC3257-S under Transportation)		

State
of
New York

EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Agency Name		Business Unit/Department Code	
Employee ID	Official Station Address		Official Station Zip
Last Name	First Name	MI	Suffix
Home Address	City	State	Zip
Business Purpose	Travel Description		
Start Location Street	Start Location Zip	Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill	
Destination Location Street	Destination Location Zip	Normal Work Hours	
Travel Start Date and Time	Travel End Date and Time		

1. Indicate All Travel Expenses	Totals	2. Summary	Amount
Lodging		A. Total Travel Expenses	
		B. Subtract Amount Paid with Travel Advance	
Transportation (AC 3259-S)		C. Subtract Amount Billed to Corp Card (AC 3256-S)	
		D. Other Direct Bill to Agency (Specify)	
Meals (AC 3258-S)	Overnight Per Diem @ \$ each =		
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =			
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =			
		E. Other Adjustments (Specify)	
Mileage Claimed (AC 160-S)	@ ¢ per mile =		
Incidental Expenses – List (AC 3258-S)			
Total Travel Expenses – Enter in Section 2 Line A		Total Amount Claimed	

Traveler's Certification

I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.

Signature

Title

Date

Supervisor's Certification (if required)

I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.

Signature of Supervisor

Title

Date

FOR AGENCY USE ONLY

Expense Report
Number

Travel Auth. Code

Entered by

Date

STATEMENT OF INCIDENTAL AND TRANSPORTATION EXPENSES

Name	Travel Start Date	Travel End Date
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Incidental Expenses

Date	Description, Purpose, Item of Expenditure, Etc.	Amount Claimed
Total Incidental Expense Amount Claimed (Report on AC132-S or AC3257-S under Incidentals)		

Transportation

[illegible]