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

Reimbursement Pre-Approval Application Form

To be eligible for reimbursement, courses must begin, or have begun, on or after April 1, 2016 through March 31, 2020.

Prior to registering for coursework, it is recommended that the applicant complete a Pre-Approval Application Form to ensure ETP Guidelines are met to receive reimbursement.

To obtain pre-approval, the following documents must be submitted prior to the start date of the course:

☐ Complete Pre-Approval Application Form (one application per course)

☐ A course description or brochure from the institution that includes the itemized cost separate from any fees

☐ If applicable, a copy of the bid award notification for a position requiring a CDL

Submit 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

Employee Eligibility

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

- Actively employed a minimum of half-time in a full-time NYSCOPBA-represented position for the duration of the qualifying training and/or educational courses
- Have had six months continuous State service immediately prior to the beginning date of the coursework

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

SECTION I – EMPLOYEE INFORMATION (Completed by Applicant)

Applicant Name	Start date with New York State (mm/dd/yyyy)

NYS EMPLID Number (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 the JLMC staff. (SSUPrograms@lmc.ny.gov)

SECTION II – COURSEWORK INFORMATION (Completed by Applicant)

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? ☐ Yes, Number of Credits _____ ☐ No

Is this coursework part of a degree program in which you are presently enrolled? ☐ Yes   ☐ No

If yes, what type of degree?	Major	Total credits earned to date

Tuition expense for this course $	Other assistance received as indicated in Section H of the ETP Guidelines $

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 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 mis-statement on this application represents grounds for exclusion from ETP participation.

Signature:	Date:

SECTION II – SSU LMC Determination (SSU Completes)

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 coursework ☐ Submitted beyond required filing period ☐ Educational Institution not approved

SSU JLMC
Program Coordinator: **Date:**

Reimbursement Reminder: 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.