



New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd., Albany, NY 12209
(518) 427-1551 www.nyscopba.org nyscopba@nyscopba.org



President
Michael Powers

Executive Vice President
Tammy Sawchuk

Recording Secretary
Vinny Blasio

Treasurer
John Telisky

Vice President,
Northern Region
Chris Hansen

Vice President,
Mid-Hudson Region
Mike Mazzella

Vice President,
Law Enforcement
John Harmon

Vice President,
Central Region
Paul Lashway

Vice President,
Western Region
Mike Dildine

Vice President,
Southern Region
Clarence Fisher

To: NYSCOPBA members

From: Tammy Sawchuk, Executive Vice President

Date: August 21, 2014

Re: Tuition Reimbursement

This memo serves as a reminder to be sure to submit your applications for tuition reimbursement. Please follow the guidelines that are attached and submit to your Regional Training Lieutenant (RTL). A list of the current RTL's is also attached.


The Tuition Reimbursement guidelines, application, list of RTL's and more information is also available on our web site at <http://www.nyscopba.org/nysnyscopbalmtuition>

Please be advised applications are being accepted from the 2011-2012 fiscal year to present. If you missed the deadline in the past or for any reason did not submit for reimbursement, you can do so now.

The reimbursement is 100% of the cost of tuition up to \$1,200 and book, lab and digital fees up to \$250 so don't miss out on this great benefit!

If you have any questions on covered courses, application or the reimbursement process, please contact:

Jeanne Grebert
Program Assistant
NYS/NYSCOPBA Joint Labor Management Committee
Corporate Plaza East, Suite 502
240 Washington Ave. Extension
Albany, NY 12203
(518) 457-9420
(518) 457-9445 fax
<mailto:jeanne.grebert@lmc.ny.gov>

| LT. MICHAEL HARMS Michael.Harms@doccs.ny.gov | | | LT. JEFFREY ELLIOTT Jeffrey.Elliott@doccs.ny.gov | | | LT. TIMOTHY FRANCLEMONT Timothy.Franclemont@doccs.ny.gov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------|------------|--|------------|---------------|---|-----------|-----|--|--------|----------|-------|-------------|-----|------------|-------------|---------|------|---|-----|------|------------|------|-----------|------------|------------|---|---------|-----|------------|------|------------|-----|-----------|-----|--|-----|----------|------------|--------|--------|----------|--------|------------|--------|--|--------|-----|-------------|------|------------|-----|-----------|-----|-----------|-----|--|-----|---|------------|------|------------|------|--------------|-----|------------|-----|------------|-----|-----------|-----|-----------|-----|--|-----|--|--|------------|------|------------|------|--------|-----|---------|-----|--------|-----|-----------|-----|---------|-----|-------|-----|---------|-----|---------|-----|-----------|-----|--|--|----------|-----|--|--|------------|-----|--|--|
| GREAT MEADOW HUB Capital Training Region 999CTRNP Regional Training Office Albany Training Academy 1134 New Scotland Road Albany, New York 12208 (518) 489-9072 phone Support Staff: Karen Slonina x4550 e-mail: Karen.Slonina@doccs.ny.gov <table><tr><th>RTL</th><th>Facilities</th><th>Code</th></tr><tr><td>Harms</td><td>Coxsackie</td><td>130</td></tr><tr><td>Harms</td><td>Greene</td><td>670</td></tr><tr><td>Harms</td><td>Hudson</td><td>270</td></tr><tr><td>Harms</td><td>Mt.McGregor</td><td>260</td></tr><tr><td>King</td><td>Moriah</td><td>510</td></tr><tr><td>King</td><td>Gt Meadow</td><td>040</td></tr><tr><td>King</td><td>Washington</td><td>650</td></tr></table> | | | RTL | Facilities | Code | Harms | Coxsackie | 130 | Harms | Greene | 670 | Harms | Hudson | 270 | Harms | Mt.McGregor | 260 | King | Moriah | 510 | King | Gt Meadow | 040 | King | Washington | 650 | SULLIVAN HUB Catskill Training Region 999CTRNT Regional Training Office Eastern Correctional Facility Box 338 Napanoch, New York 12458-0338 (845) 647-7400 x5760 phone (845) 647-7400 x5799 fax Support Staff: Sandy Rose x5762 e-mail: Sandra.Rose@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Eastern</td><td>100</td></tr><tr><td>Otisville</td><td>290</td></tr><tr><td>Shawangunk</td><td>680</td></tr><tr><td>Sullivan</td><td>690</td></tr><tr><td>Ulster</td><td>610</td></tr><tr><td>Wallkill</td><td>060</td></tr><tr><td>Woodbourne</td><td>140</td></tr></table> | | | Facilities | Code | Eastern | 100 | Otisville | 290 | Shawangunk | 680 | Sullivan | 690 | Ulster | 610 | Wallkill | 060 | Woodbourne | 140 | ONEIDA HUB Central Training Region 999CTRNC Regional Training Office Mohawk Correctional Facility 6514 Rt. 26 P.O. Box 8450 Rome, New York 13440 (315) 339-5232 x4571 Support Staff: Nicola Eastup x4570 e-mail: Nicola.Eastup@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Hale Creek</td><td>850</td></tr><tr><td>Marcy</td><td>490</td></tr><tr><td>Mid-State</td><td>480</td></tr><tr><td>Mohawk</td><td>390</td></tr></table> | | | Facilities | Code | Hale Creek | 850 | Marcy | 490 | Mid-State | 480 | Mohawk | 390 | WATERTOWN HUB Watertown Training Region 999CTRNR Regional Training Office Riverview Correctional Facility P.O. Box 158 Ogdensburg, New York 13669 (315) 393-8400 x5760 phone (315) 393-8400 x5799 fax Support staff: Rhonda Furgison X5761 e-mail: <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Cape Vincent</td><td>580</td></tr><tr><td>Gouverneur</td><td>810</td></tr><tr><td>Ogdensburg</td><td>350</td></tr><tr><td>Riverview</td><td>570</td></tr><tr><td>Watertown</td><td>030</td></tr></table> | | | Facilities | Code | Cape Vincent | 580 | Gouverneur | 810 | Ogdensburg | 350 | Riverview | 570 | Watertown | 030 | WENDE HUB West Training Region 999CTRNW Regional Training Office Wende Correctional Facility 3040 Wende Road Alden, New York 14004-1187 (716) 937-4000 x5759 phone (716) 937-4000 x5799 fax Support Staff: Charlene Drogi x5758 e-mail: Charlene.Drogi@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th><th>Facilities</th><th>Code</th></tr><tr><td>Albion</td><td>091</td><td>Orleans</td><td>640</td></tr><tr><td>Attica</td><td>000</td><td>Rochester</td><td>300</td></tr><tr><td>Collins</td><td>470</td><td>Wende</td><td>430</td></tr><tr><td>Gowanda</td><td>450</td><td>Wyoming</td><td>660</td></tr><tr><td>Groveland</td><td>460</td><td></td><td></td></tr><tr><td>Lakeview</td><td>600</td><td></td><td></td></tr><tr><td>Livingston</td><td>800</td><td></td><td></td></tr></table> | | | | Facilities | Code | Facilities | Code | Albion | 091 | Orleans | 640 | Attica | 000 | Rochester | 300 | Collins | 470 | Wende | 430 | Gowanda | 450 | Wyoming | 660 | Groveland | 460 | | | Lakeview | 600 | | | Livingston | 800 | | |
| RTL | Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harms | Coxsackie | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harms | Greene | 670 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harms | Hudson | 270 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Harms | Mt.McGregor | 260 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| King | Moriah | 510 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| King | Gt Meadow | 040 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| King | Washington | 650 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eastern | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Otisville | 290 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shawangunk | 680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sullivan | 690 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ulster | 610 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wallkill | 060 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Woodbourne | 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hale Creek | 850 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marcy | 490 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mid-State | 480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mohawk | 390 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cape Vincent | 580 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gouverneur | 810 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ogdensburg | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Riverview | 570 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Watertown | 030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Albion | 091 | Orleans | 640 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attica | 000 | Rochester | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collins | 470 | Wende | 430 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gowanda | 450 | Wyoming | 660 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Groveland | 460 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lakeview | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Livingston | 800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LT. JAMIE GLASSPOOLE Jamie.Glasspoole@doccs.ny.gov | | | LT. RONALD FERGUSON Ronald.Ferguson@doccs.ny.gov | | | LT. DANIEL KING Daniel.King@doccs.ny.gov | | | REGIONAL TRAINING LIEUTENANT OFFICES  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN HAVEN HUB Southeast Training Region 999CTRNS Regional Training Office Fishkill Correctional Facility Box 307 Beacon, New York 12508 (845) 831-4800 x5750 phone (845) 831-4800 x5799 fax Support Staff: Kathy Scadura x5752 e-mail: Kathy.Scadura@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Bedford Hills</td><td>120</td></tr><tr><td>Downstate</td><td>240</td></tr><tr><td>Fishkill</td><td>050</td></tr><tr><td>Green Haven</td><td>080</td></tr><tr><td>Sing Sing*</td><td>070</td></tr><tr><td>Taconic</td><td>250</td></tr></table> | | | Facilities | Code | Bedford Hills | 120 | Downstate | 240 | | | Fishkill | 050 | Green Haven | 080 | Sing Sing* | 070 | Taconic | 250 | NEW YORK CITY HUB NYC Training Region 999CTRNNY Regional Training Office Edgecombe Residential Treatment Facility 611 Edgecombe Avenue New York, NY 10032 (212) 923-2575 phone (212) 923-2575x2099 fax Support Staff: Quay Carter x5755 e-mail: Quay.Carter@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Edgecombe</td><td>320</td></tr><tr><td>Industries</td><td>999</td></tr><tr><td>LIC/EIU</td><td>999</td></tr><tr><td>Lincoln</td><td>360</td></tr><tr><td>Queensboro</td><td>170</td></tr><tr><td></td><td></td></tr></table> | | | Facilities | Code | Edgecombe | 320 | Industries | 999 | LIC/EIU | 999 | Lincoln | 360 | Queensboro | 170 | | | ELMIRA HUB Mid-West Training Region 999CTRNM Regional Training Office Willard Drug Treatment Campus 7116 County Route 132, Bldg #1 P.O. Box 303 Willard, New York 14588 (607) 869-5500 x5755 phone (607) 869-5500 x5999 fax Support staff: Sheri Spano x5757 e-mail: Sheri.Spano@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Auburn</td><td>010</td></tr><tr><td>Butler</td><td>520</td></tr><tr><td>Cayuga</td><td>550</td></tr><tr><td>Elmira</td><td>110</td></tr><tr><td>Five Points</td><td>370</td></tr><tr><td>Monterey</td><td>190</td></tr><tr><td>Southport</td><td>630</td></tr><tr><td>Willard</td><td>820</td></tr></table> | | | Facilities | Code | Auburn | 010 | Butler | 520 | Cayuga | 550 | Elmira | 110 | Five Points | 370 | Monterey | 190 | Southport | 630 | Willard | 820 | CLINTON HUB Northern Training Region 999CTRNN Regional Training Office Franklin Correctional Facility P.O. Box 10 Malone, New York 12953 (518) 483-6040 x5755 phone (518) 483-6040 x5799 fax Support staff: Yvonne Silver x5750 e-mail: Yvonne.Silver@doccs.ny.gov <table><tr><th>Facilities</th><th>Code</th></tr><tr><td>Adirondack</td><td>230</td></tr><tr><td>Altona</td><td>540</td></tr><tr><td>Bare Hill</td><td>560</td></tr><tr><td>Chateaugay</td><td>860</td></tr><tr><td>Clinton</td><td>020</td></tr><tr><td>Franklin</td><td>530</td></tr><tr><td>Upstate</td><td>840</td></tr></table> | | | Facilities | Code | Adirondack | 230 | Altona | 540 | Bare Hill | 560 | Chateaugay | 860 | Clinton | 020 | Franklin | 530 | Upstate | 840 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bedford Hills | 120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Downstate | 240 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fishkill | 050 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Green Haven | 080 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sing Sing* | 070 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taconic | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Edgecombe | 320 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Industries | 999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIC/EIU | 999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lincoln | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Queensboro | 170 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auburn | 010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Butler | 520 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cayuga | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elmira | 110 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Five Points | 370 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monterey | 190 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Southport | 630 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Willard | 820 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adirondack | 230 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Altona | 540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bare Hill | 560 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chateaugay | 860 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinton | 020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Franklin | 530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upstate | 840 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Send SSCF RTF03s to NYC → | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**New York State/New York State Correctional Officers & Police Benevolent Association
Joint Labor-Management Committee**

Corporate Plaza East, Suite 502 • 240 Washington Avenue Extension • Albany, New York 12203
(518) 457-9420 • Fax (518) 457-9445

New York State Governor's
Office of Employee Relations

New York State Correctional Officers
& Police Benevolent Association

M E M O R A N D U M

July 31, 2014

TO: DOCCS Superintendents
NYSCOPBA Chief Sector Stewards

FROM: Abbie Ferreira and Tammy Sawchuk

SUBJECT: NYSCOPBA 2011-2015 Tuition Reimbursement Program

Attached are the 2011-2015 tuition reimbursement agency/facility and applicant guidelines for NYSCOPBA-represented employees. Funding for the program is provided by Article 13.1 of the 2011-2015 negotiated agreement between the State of New York and NYSCOPBA.

Unit members are eligible for tuition reimbursement up to \$1,200 and book, lab fees and digital fees up to \$250 for each fiscal year. ***Please note: applications are now being accepted for the 2011-2012, 2012-2013, 2013-2014 & 2014-2015 Fiscal Years which have not been previously submitted.*** Program funds have been reappropriated and are available.

Thank you for your cooperation in disseminating this information. If you have any questions concerning the program, please contact Jeanne Grebert at 518-457-9420 or jeanne.grebert@lmc.ny.gov.

Tuition Reimbursement for NYSCOPBA-Represented Employees

Guidelines for 2011-2012, 2012-2013, 2013-2014 & 2014-2015 Fiscal Years

Agency and Applicant Information

PURPOSE

The purpose of the New York State/NYSCOPBA Tuition Reimbursement Program is to encourage career development and advancement for State employees whose positions are assigned to the Security Services Unit represented by NYSCOPBA.

FUNDING

The Security Services Unit Tuition Reimbursement Program is funded through 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. Employees must be working full time and meet the continuous service requirement to be eligible for reimbursement. Employees working less than half-time or on unpaid leave of absence are not eligible.

SUMMARY OF PROGRAM

The NYSCOPBA Tuition Reimbursement Program provides financial support to Security Services Unit members for approved educational activities on a reimbursement basis. The program is designed to assist with the achievement of reasonable career goals within State government.

Please note: applications are now being accepted for the 2011-2012, 2012-2013, 2013-2014 & 2014-2015 Fiscal Years which have not been previously submitted.

Key elements of the program:

- The program is based on approval of individual courses. Each course must be approved for reimbursement upon enrollment.
- The program is designed to reimburse applicants at 100 percent of the covered tuition expenses up to a maximum annual fiscal year allowance of \$1,200.00. In addition, the program is designed to reimburse course-related textbooks, lab fees and digital fees up to \$250.00 per year.
- Reimbursement is based on the satisfactory completion of the course.
- Satisfactory completion of the course is the attainment of a grade of at least C.
- Reimbursement is for actual out-of-pocket expenses including tuition, registration and laboratory expenses.
- Tuition Reimbursement will not be considered for courses that are available through the DOCCS Training Academy, should an applicant decide to use an outside source

SELECTION STANDARDS

Tuition expenses from an approved educational organization for credit or non-credit course work categorized as either job-related or career-related are eligible for reimbursement.

Job-Related Course Work:

- The course directly supports or improves skills required for current job assignments, duties, or responsibilities.

Career-Related Course Work:

- The course will prepare the employee for advancement within his/her current title series or occupation.
- The course develops the operational, administrative or management capacity of the employee.
- The course work is necessary to obtain a degree to qualify for job opportunities within State service.

APPROVED EDUCATIONAL ORGANIZATIONS

The NYSCOPBA Tuition Reimbursement Program is intended to support the educational activities for credit or non-credit courses. The educational organization offering the course must meet the academic standards of the New York State Education Department or the U.S. Office of Education.

REIMBURSEMENT POLICY

COVERED EXPENSES

Reimbursable expenses are those costs that relate to the pursuit of an educational activity. These expenses include tuition for credit or non-credit course work approved upon enrollment, individual course registration fees, and lab fees. Expenses must be itemized on the original receipt.

Eligible individuals are reimbursed for out-of-pocket expenses at 100 percent of the total covered expenses, up to a maximum of \$1,200.00 per State fiscal year. Reimbursement within a fiscal year is determined by the start date of the course. The State fiscal year begins on April 1st and ends on March 31st.

Eligible individual are also reimbursed for course-related textbooks, lab fees and digital fees which the Employee is required by the syllabus or course outline to use for the course up to \$250.00 per State fiscal year.

EXCLUSIONS AND LIMITATIONS

Courses designed for interests outside State service, whether credit or non-credit, are not eligible for reimbursement. Examples of course work not eligible for reimbursement would include those related to recreation, physical education, hobby or personal interests. Expenses for supplies or materials are not reimbursable.

ALTERNATE SOURCES OF TUITION SUPPORT

Alternate sources of financial aid from agency/facility tuition support programs, the Tuition Assistance Program (TAP), Pell Grants, the Aid for Part-time Study (APTS) Program, New York State Vietnam Veterans Tuition Assistance, Veterans Administration Educational Benefits (GI Bill) and college stipends must be reported on the application. This amount will be deducted before computing the allowable reimbursement.

APPLICATION SUBMISSION PROCESS

APPLICANT RESPONSIBILITY

Once registered for course work, the applicant must complete a separate Application for Tuition Reimbursement Form (SSU-004) for each course for which reimbursement is requested. The Form SSU-004 must be submitted to the agency/facility staff development or personnel office for review and approval no later than ten working days after the start date of the course. ***Note: an exception is made for the first year of this program (FY 2014-2015) to allow requests for tuition funds to be submitted after the course begins but such requests must be made before the course is completed.*** Applications will be accepted for the 2011-2012, 2012-2013, 2013-2014 and 2014-2015 fiscal years.

AGENCY/FACILITY RESPONSIBILITY

Each agency/facility is expected to inform eligible employees about the Tuition Reimbursement program. Within ten (10) working days of receipt of application, the designated agency/facility Regional Training Lieutenants Office/ Staff Training Office is to:

1. Review the application for accuracy of the information provided by the employee.
2. Determine whether the application meets the criteria for reimbursement under the NYSCOPBA Tuition Reimbursement Program. Consideration of employee eligibility, qualification of course work, and acceptability of the educational organization is used for this determination.
3. Forward the application and all attached paperwork, including a payment voucher to New York State/NYSCOPBA Labor-Management Committee for approval. The information can be faxed to 518-457-9445 or emailed to jeanne.grebert@lmc.ny.gov.
4. Determine whether the course work is job-related or career-related as defined in the program guidelines.
5. Complete the Agency Action section on the application, sign and date the form.
6. Notify the employee of the determination by returning the duplicate copy of Form SSU-004.

REIMBURSEMENT PROCESS

To obtain reimbursement, the employee must complete a payment voucher within thirty (30) working days following the receipt of a satisfactory course completion document.

The agency/facility staff development or personnel office will forward the payment voucher to the agency/facility finance office for payment to be processed from the Office of the State Comptroller in accordance with the rules and regulations concerning the expenditure of State funds. ***For DOCCS employees only: All completed paperwork should be forwarded to your Regional Training Lieutenant (RTL) who will review, sign and forward to DOCCS Training Academy.***

Attachments to the payment voucher must include:

1. The original itemized paid receipt from the education organization.
2. A copy of the Tuition Reimbursement Form (SSU-004) indicating approval of the course
3. A course completion document.

4. For textbooks: the original itemized paid receipt and documentation demonstrating the textbook(s) are required for use with the course.

NOTE: The satisfactory course completion document must be the original grade report or a letter from the educational organization stating that the employee satisfactorily completed the course work. The letter must indicate the date of course completion.

EFFECTIVE DATE

These guidelines are effective April 1, 2014.

Tuition Reimbursement Application (SSU-004 Form) for NYSCOPBA-Represented Employees
2011-2012, 2012-2013, 2013-2014 & 2014-2015 Fiscal Years

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