



COLLEGE TUITION REIMBURSEMENT PROGRAM
APPLICATION FORM

Name: _____ Employee ID Number: _____

Home Address: _____

City: _____ State: _____ ZIP code: _____

Primary Email Address: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

Agency Name: _____

Job Title: _____ Date you began State Service: _____

Name of Accredited Educational Institution: _____

Are you matriculated in a degree program? Yes No

 If yes, what is your major? _____

Course Name: _____

Course Number: _____

Number of course credits: _____

Course Start Date: (mm/dd/yy) _____

Course End Date: (mm/dd/yy) _____

Course Grade: _____

Course Type: Undergraduate Graduate

Is this course related to your current job or your career progression within NYS?

 Yes No

Tuition cost of the course, not including any fees: _____

Other assistance you have received or will be receiving from your agency, facility, or from other sources (not including this request): _____

(Initials Required) OSC will withhold estimated taxes at the end of each calendar year from employees whose benefits from this program and any additional educational benefits from their agency exceed \$5,250. This may result in substantial withholding from paychecks at the end of the year and applicants should plan accordingly.

By signing and dating this application, I hereby certify that all information contained on this application and attached supporting documentation is true and accurate. I have read and understand the guidelines for this program and agree to comply with all the program policies and procedures. I understand failure to complete a course successfully or failure to comply with the guidelines may result in denial of benefits or a penalty imposed on future benefits.

Signature: _____

Date: _____