



WORKSHOP AND SEMINAR 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: Course/Event Name: Are you receiving continuing education credits? Yes No If yes, what kind? How many? Course/Event Start Date: (mm/dd/yy) Course/Event End Date: (mm/dd/yy) Course/Event Grade: Is this course/event/exam related to your current job or your career progression within NYS? Yes No Registration cost of the event, not including any fees or materials: 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: