



WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION AND NURSES' ENHANCED WORKSHOP AND SEMINAR REIMBURSEMENT PROGRAM APPLICATION

This application form can be used to apply for reimbursement through the Workshop and Seminar Reimbursement (WSR) and Nurses' Enhanced WSR Programs. A separate application form and supporting documentation must be submitted for each course or event. For complete guidelines and printable application forms, go to: oer.ny.gov/public-employees-federation-afl-cio-pef.

Applications and supporting documentation must be submitted within 90 calendar days after the end date of the course or event. Applications for educational events that began on or after January 1, 2020, and ended prior to December 1, 2021, must be submitted by March 1, 2022. The start date of the course determines program year eligibility.

A maximum reimbursement of \$1,600 is available for each calendar year Nurses' Enhanced WSR offers an additional \$1,600 for the same time period.

All supporting documentation must have the applicant's name printed on them by the issuing entity. Documentation submitted by email must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, links to documentation or websites, etc.) will not be accepted.

The documents in the following checklist are required:

- Unaltered invoice, receipt, or itemized summary from the provider, showing the cost of the course or event (separate from any additional fees)
- Proof of payment, such as a bank statement, credit card statement, or cancelled check
- Documentation showing any financial assistance that has been or will be received toward the cost of the course or event, indicating the name of the entity providing the assistance
- Documentation showing the start and end dates of the course or event (month, day, and year)
- Documentation from the provider confirming proof of attendance and successful completion

Submit signed, dated application and supporting documentation in one of the ways below:

- **Email:** Email application and supporting documentation by the application deadline to psstraining@oer.ny.gov. All emailed documentation must be in PDF format. All other formats (JPGs or other photo formats, Word Documents, links to documentation or websites, etc. will not be accepted.)
- **U.S. Mail:** Mail application and supporting documentation, postmarked by application deadline to: NYS Office of Employee Relations, PSTP Reimbursement Unit, 7th Floor, 2 Empire State Plaza, Albany, NY 12223-1250.

OER is not responsible for lost, misdirected, late, or incomplete applications. All questions can be addressed to psstraining@oer.ny.gov or by calling (518) 474-6612.

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PLEASE PRINT ALL INFORMATION – DO NOT USE ABBREVIATIONS

Applicant Information

Date you began State Service	NYS EMPLID Number (found on paycheck stub) (Required for payment by the OSC) N _____		
First and Last Name (as it appears on your NYS paycheck stub)	Job Title		
Home Address	Agency Name		
City	State	ZIP code	Facility/Department/Division Name
Home Phone	Cell Phone	Work Phone	Extension
Primary Email Address			
Current Job Status	Full Time <input type="checkbox"/>	Part Time (50% or more) <input type="checkbox"/>	Less than half time <input type="checkbox"/>

Event Details

Name of Accredited Educational Institution or Organization		
Event Name or Non-credit Course Name	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
Are you receiving Continuing Education Credits?	If so, what kind?	How many?
Is this course or event related to your current job or your career progression with NYS? Job <input type="checkbox"/> Career <input type="checkbox"/>		
If career related, explain career ladder or career change.		
Registration fee, or 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) \$	

Certification

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.

I understand that I may incur a tax liability. (required)

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
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