



NYSCOPBA EDUCATION AND TRAINING PROGRAM APPLICATION FORM

Name: _____ Employee ID Number: _____
 Home Address: _____ State: _____ ZIP code: _____
 City: _____
 Primary Email Address: _____
 Home/Cell Phone Number: _____ Work Phone Number: _____
 Agency Name: _____
 Job Title: _____ Date you began State Service: _____

Name of Organization/Institution: _____

Are you matriculated in a degree program? Yes No

If yes, what is your major? _____

Course/Event Name: _____

Course/Event Number: _____

Number of course/event credits: _____

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

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

Course/Event Grade: _____

Course Type: Undergraduate Graduate

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

Yes No

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

Course-related expenses (registration fees, lab fees, books, etc) _____

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: _____