



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.

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.

Signature: Date: