

Education and Training Program (ETP) for PBANYS-Represented Employees

Pre-Approval Application Form

To be eligible for reimbursement, courses must begin, or have begun, on or after April 1, 2015, through March 31, 2023.

Prior to registering for coursework, it is recommended that the applicant complete a Pre-Approval Application Form to ensure ETP Guidelines are met to receive reimbursement.

To obtain pre-approval, the following documents must be submitted prior to the start date of the course:

- Completed and signed Pre-Approval Application Form (one application per course)
- A course description or brochure describing the course or event that includes the itemized cost, separate from any fees

Submit all documents to: APSUPrograms@lmc.ny.gov or
NYS Agency Police Services Unit JLMC
ETP/M. Bombard
2 Empire State Plaza, 7th Floor
Albany, NY 12223-1250

Employee Eligibility

Applicants are eligible to participate in the ETP under the following conditions:

- Currently employed in a PBANYS-represented position
- Actively employed a minimum of half-time in a PBANYS-represented position for the duration of the qualifying training and/or educational courses

(Note: If you do not meet both of these criteria, you are not eligible. See Section C in the Guidelines)

SECTION I – EMPLOYEE INFORMATION (Employee completes)

Applicant Name		Start date with New York State (mm/dd/yy)		
NYS Employee ID Number (Found on paycheck stub) Required for payment by OSC				
N _____				
Home Address	City	State	ZIP code	Home Phone
Employing Agency/Facility Name		Agency/Facility Code		
Work Address	City	State	ZIP code	Work Phone
Current Job Title		*Primary Personal Email Address		

***Required for email communications from the JLMC staff. (APSUPrograms@lmc.ny.gov)**

SECTION II – COURSE WORK INFORMATION (Employee Completes)			
School/Institution Name			
School/Institution Address		City	State
			ZIP code
Course Title			Course Number
Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Is this a credit-bearing course? <input type="checkbox"/> Yes: Number of credits _____ <input type="checkbox"/> No	
Is this coursework part of a degree program in which you are presently enrolled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what type of degree?	Major	Total credits earned to date	
Tuition expense for this course		Other assistance received	
\$		\$	
<p>I attest to the authenticity of the statements in this application, as well as the enclosed documentation. I have complied with all eligibility requirements of the ETP. All the information contained in this request is true and accurate. I have read and understand the guidelines to this program and agree to comply with all policies and procedures. Any deliberate misstatement on this application represents grounds for exclusion from reimbursement program participation.</p>			
Signature: _____ Date: _____			
<p>Reimbursement Reminder: Applications must be submitted no later than ninety (90) calendar days from the end date of the course. The postmark or email date will be used to determine the timeliness of the application. If you are unable to obtain the required documentation within the 90-day period, you must submit your application form and contact the JLMC prior to the deadline.</p>			

Office Use Only		