

PART-TIME TOLL COLLECTOR TUITION ASSISTANCE APPLICATION

New York State Thruway Authority

Purpose: This form is used by part-time toll collectors to apply for tuition assistance.

INSTRUCTIONS:

- *Applicant:* Use a separate Application for each course. Complete Sections I through III (also fill out your name, course title and supervisor name on the top of Page 2). Attach course description, number of credits, cost per credit and original paid receipt (if applicable). Forward to the Bureau of Training and Employee Development.
- *Bureau of Training & Employee Development (Training):* Complete Section IV, and if approved, forward to Accounts Payable (non-taxable) or Payroll (taxable).
- *Accounts Payable/Payroll:* Process payment, complete Section V and forward check and copy of Application to Training.

NOTE: Applications should be submitted within four (4) weeks prior to the course start date. To obtain reimbursement, submit documentation of course payment and an official transcript within four (4) weeks of the course completion date. Online printouts are **not** accepted.

Section I Applicant Information			
Applicant Name (Last, First, MI)	Employee ID No.	Title	Immediate Supervisor Name
Address (Street, City, State, Zip Code)			
Department/Division		Email Address	Phone No. () -

Section II Course Information				
School Name		City & State of School		Course Title
Start Date	End Date	No. of Credits (if applicable)	Cost Per Credit (if applicable) \$	Course Cost \$

The following documentation must be submitted for the Application to be complete. **Check to verify that you have attached:**

Original Receipt (if applicable; original receipt indicating full payment for the course; original receipt must be an official document from the Bursar/Registrar's office either on school letterhead with logo or seal or with signature and title of school official; credit card receipts and online printouts are **not** accepted.)

No. of Credits (if applicable) Course Cost Course Description

Type of Course: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Non-credit <input type="checkbox"/> Graduate <input type="checkbox"/> Non-matriculated	Is this course part of a degree program? <input type="checkbox"/> Yes, enter program name below: _____ <input type="checkbox"/> No	Anticipated Graduation Date (if applicable)
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Section III Signature	
<p>As an Applicant for tuition assistance, I certify that I have not received, nor will I receive, any duplicate financial assistance for the course listed above. I understand that if I receive any duplicate form of financial assistance I would be ineligible for the Tuition Assistance Program (Program). I authorize the New York State Thruway Authority (Authority) to contact the school for any information regarding my education program. I agree to submit the required documentation of course payment and official transcript within four weeks of course completion. If I should resign from Authority employment for any reason or am terminated from Authority employment due to disciplinary actions before receiving reimbursement, I understand that I will not be reimbursed. I understand that tuition assistance may be considered taxable income and authorize the withholding of all applicable taxes from my regular pay when withholding for tuition assistance is deemed necessary by the Authority and that the Authority shall not be responsible for the payment or reimbursement of any taxes. I understand that payments made by the Authority under this Program are for tuition costs only. The use of any such payments for any other purpose shall be considered an abuse of the Program and a misappropriation of funds. In the event of fraudulent use or misuse of the Program, I authorize the Authority to seek reimbursement of funds through payroll deductions or any other means provided by law. I understand that all coursework must be completed during off work hours and I am prohibited from using Authority resources to complete coursework. I also understand that failure by me to comply with the requirements of the Program shall result in suspension from future participation in the Program and disciplinary action that may result in termination of employment.</p>	
_____ Applicant Signature	_____ Date

