

CDL-B TRAINING PROGRAM APPLICATION

New York State Thruway Authority

Purpose: This form is used by part-time or full-time employees hired on or before March 1, 2018 and directly impacted by cashless tolling to apply for CDL-B Training.

INSTRUCTIONS:

- *Applicant:* Complete Sections I through III. Forward along with proof that school meets CDL-B Training Program criteria 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: School must meet the following criteria:

- Provides classroom training (minimum of 8 hours) and road training (maximum of 130 hours);
- Provides a Class B vehicle (automatic or manual transmission) for training and testing purposes; and
- Requires a NYS Department of Transportation physical and drug screen.

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

Section II Course Information			
School Name		Address (Street, City, State, Zip Code)	
Projected Start Date	Course Cost	The following documentation must be submitted for the Application to be complete. Check to verify that you have attached: <input type="checkbox"/> Course Cost <input type="checkbox"/> Course Overview & Requirements	
Projected End Date	\$		

Section III Signature	
<p>As an Applicant for CDL-B training, 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 CDL-B Training Program (Program) and the amount of assistance advanced must be repaid. I authorize the New York State Thruway Authority (Authority) to contact the school for any information regarding my education program. I agree to submit proof of a valid CDL-B permit as directed by the Bureau of Training and Employee Development prior to the course start date. I agree to submit documentation of course payment within two weeks of registration and certificate of completion within four weeks of course completion. If I do not successfully complete the course, I agree to return the full amount of the course to the Authority in a single lump sum payment or by a maximum of eight biweekly payroll deductions. If the course is canceled or I withdraw from the course, I agree to return to the Authority the full amount of the course in a single lump sum payment within two weeks of the cancellation/withdrawal. If I should resign from Authority employment for any reason, or am terminated from Authority employment due to disciplinary actions before successfully completing the course, I hereby agree to reimburse the Authority, or authorize the Authority to withhold from any monies due to me, the full amount of assistance that has been advanced. In the event of course cancellation, failure to successfully complete the course, withdrawal or 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 payment by the Authority for this course may be considered taxable income and authorize the withholding of all applicable taxes from my regular pay when withholding for payment for this course 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 course 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. 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. I understand that all of the above certifications and acknowledgments apply whether the Authority makes payments to the school or to me.</p>	
_____ Applicant Signature	_____ Date

CDL-B TRAINING PROGRAM APPLICATION

Section IV Bureau of Training & Employee Development

Date Application Received	Applicant submitted proof of: <input type="checkbox"/> School meeting Program criteria <input type="checkbox"/> Valid CDL-B Permit _____ Date Received <input type="checkbox"/> Invoice _____ Date Received		
Hired on or before March 1, 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Amount Approved \$ _____	Non-Taxable Amount Approved (Accounts Payable) \$ _____	Taxable Amount Approved (Payroll) \$ _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Explain: _____ _____			
_____ Director of Training/Designee Signature		_____ Date	

Section V Accounts Payable and/or Payroll

Charge to 1001.00550.50.0726CL

Name of Payee (School¹ or Employee²): _____

Date of Check: _____ Check No.: _____ Amount: \$ _____

¹ Non-Taxable
² Taxable