



Tuition Reimbursement Application

AME USE ONLY

Suffolk County Association of Municipal Employees, Inc.
 30 Orville Drive, Suite A
 Bohemia, NY 11716

Employee (Last, First)	County Start Date
Maiden Name	Job Title
Last 4 digits of Social Security #	Department / Section
Home Address	Office Phone #
	Home Phone #
<i>Are you a first time tuition reimbursement applicant?</i> <i>yes:</i> <i>no:</i>	
<i>Are you expecting to receive any form of educational assistance? (Pell Grant, scholarship, etc.)</i> <i>yes:</i> <i>no:</i>	
<i>If yes, what type of award?</i> <i>Amount:</i>	

Educational Background

Name of School / Location	Dates of Attendance	Were you Graduated?	Major Subject	Credits Rec'd to Date	Type of Degree Rec'd	Date Degree Rec'd

Course Requests

	Course Call #	Full Course Title	Credits	Semester Start/End Dates	School	Tuition (w/o fees)
1						
2						
3						
4						
5						

Attach additional requests on separate sheets

- PLEASE:**
- 1. COMPLETE INFORMATION AND SIGN APPLICATION ON REVERSE SIDE.**
 - 2. ATTACH A COURSE DESCRIPTION FOR EACH COURSE LISTED.**
 - 3. KINDLY ATTACH VERIFICATION FOR THE COST OF TUITION FOR EACH CLASS LISTED.**

Course Information

	Course #	How do these courses relate to your present job duties? (please be specific)
1		
2		
3		
4		
5		

Are you a matriculated student? _____ (If yes – you must attach a listing of course requisites.)

Toward what degree are you working? _____

NOTE: In accordance with the IRS Tax Relief Act of 1997, reimbursement received in an amount more than \$5,250 is to be considered taxable income, and that amount will be supplied to your payroll department to be added as taxable income on your W-2.

AFFIRMATION: I am voluntarily undertaking this education to develop my abilities and not as a requirement of my employment. I am taking the above course(s) on my own initiative and I understand that I am not eligible for overtime for hours spend in the classroom, in the course preparation, in travel to and from the class or for any reason connected with participation in the tuition reimbursement program.

APPLICANT'S SIGNATURE _____ DATE _____

Please forward your application immediately to the Suffolk County Association of Municipal Employees, Inc.
30 Orville Drive – Suite A – Bohemia, New York 11716

FINAL ACTION BY SCAME

	COURSE TITLE(S) AND AMOUNTS APPROVED
	COURSE(S) DISAPPROVED
COMMENTS:	

SIGNATURE _____

DATE _____

APPLICATION REVISION

NATURE OF REVISION _____

REVISED COST _____ DATE _____