



Policy Title:
B-140 Tuition Assistance Program

Category:
Office of Human Resources

Responsible Office:
Human Resources

Policy:

The B-140 Tuition Assistance Program waives employee partial tuition expenses for credit-bearing course work taken at SUNY Institutions. This program is on a first come basis and available to waive a percentage of a max of two courses per semester (fall, winter, spring, summer). Funding for the program is limited and renewed on a fiscal year basis (July).

Eligibility:

You are eligible to participate in the program if you are active on payroll when the course is scheduled to commence. Research Foundation employees are eligible. All applicants must have 6 months of continued service from hire date. If your negotiating unit supplies a tuition benefit, that benefit must be used prior to your participating in the B-140 Tuition Assistance Program. Documentation of other tuition support requests/payments is required.

UUP Tuition Assistance Program

PEF Workshop and Seminar Reimbursement (WSR) Programs

NYS & CSEA Partnership Tuition Benefits

Benefit:

The B-140 Tuition Assistance Program varies in the amount of support based on if you are full-time or part-time. The employee is responsible for remaining tuition and all other fees. Late fees and/or cancellation fees are not covered.

	Percent Waived	Courses
Full-Time Employees (100%)	75%	First Course
	50%	Second Course
Part-Time Employees (<100%)	50%	First Course
	25%	Second Course

If you drop the course, then the waiver is void and the individual is responsible for the full cost and fees associated with the course.

Procedure:

1. Register for the course.
2. Obtain a B-140 Tuition Assistance Program Waiver Form from the Office of Human Resources website (see link below).
3. Complete Part I (numbers 1-10)
4. Obtain supervisor approval in Part II (number 11)
5. Obtain employing units personnel office approval (State or Research Foundation) in Part II (number 12)
6. Submit the B-140 Waiver form to the Office of Human Resources. Your eligibility will be verified and Part II and Part III completed.
7. The B-140 Waiver will be forwarded to the Office of Student Accounts if you are taking the course at Oswego. If you take the course at another SUNY, the form will be emailed to you after it is signed.

Deadlines:

<i>Fall:</i> August 10th	<i>Winter:</i> December 10th	<i>Spring:</i> January 10th	<i>Summer:</i> May 10th
--------------------------	------------------------------	-----------------------------	-------------------------

If you have any questions about any of the Tuition Assistance Programs, please contact the Office of Human Resources at 315-213-2230, 201 Culkin Hall, or email hr@oswego.edu.



STATE UNIVERSITY OF NEW YORK

B-140W APPLICATION FOR TUITION AND FEE ASSISTANCE

PART I. APPLICATION: Please complete PART 1 ONLY. Forward 4 copies to the appropriate officer at the campus where you are employed. Retain the fifth copy (goldenrod) for your records. (Separate applications to be made for each semester.)

Disclosure of Social Security numbers is voluntary and is used in processing student applications for tuition assistance. Authority to solicit Social Security number has been established under Section 355 of the Education Law of the State of New York.

- 1. Applicant's Name _____
- 2. Social Security Number _____ NA _____
- 3. Campus Where Employed _____
- 4. Payroll _____ Title _____
- 5. Present Employment Status (Check one) Research Foundation Employee Community College Employee University Employee (State Payroll)
- A. To be completed by University employees on State Payroll only.
- Negotiating Unit (Check one) 01 Security 02 Administrative 03 Operational 04 Institutional 05 PEF 06 M/C Classified 08 UUP 13 M/C Professional Other (Define) _____
- 6. Highest Degree Earned _____
- 7. Name of Instructing Campus _____
- 8. PLEASE DESCRIBE PROPOSED EDUCATIONAL PROGRAM (Reason for taking below listed courses).

9. LIST COURSES FOR WHICH APPROVAL IS REQUESTED BY THIS APPLICATION:
(Approval of this request for SUNY tuition may justify a refund if tuition has already been paid. Laboratory and/or instructional fees may be included. College Fees, Student Activity Fee and other non instructional fees are not allowed.)

Course Name(s)	Catalog Number	Semester and Year	Credit Hours	Cost of Each Course	% of Support Requested	Amount of SUNY Assistance Requested for Each Course (\$ Total)
1.						
2.						
3.						

10. I HEREBY APPLY FOR TUITION (AND FEE IF APPLICABLE) ASSISTANCE AS STATED ABOVE AND DECLARE MY INTENTION OF RETURNING TO MY PRESENT POSITION. I UNDERSTAND THAT I MUST SATISFACTORILY COMPLETE THESE COURSES TO BE ELIGIBLE FOR TUITION WAIVER.

Signature of Applicant _____
Date

PART II. To Be Completed by Appropriate Officers at Employing Campus:

Complete Part II and
If instruction will be given at employing unit proceed with campus internal policy for Part III approval.
If instruction will be given at another SUNY unit, forward 3 copies to instructing unit.

- 11. AUTHORIZATION BY APPLICANT'S SUPERVISOR (Chairman or Director) _____
Authorized Signature Date
- 12. VERIFICATION BY EMPLOYING UNIT'S PERSONNEL OFFICE: _____
Authorized Signature Date
- 13. APPROVAL OF CHIEF ADMINISTRATIVE OFFICER:
Application Approved for _____ % level of support for a total amount of \$_____ to be waived.
Application Disapproved because _____

Authorized Signature Date
(pink copy to be utilized for employing unit pending copy)

PART III. INSTRUCTING CAMPUS (State-operated SUNY)

Complete Part III and Forward 2 copies (White and Green) to employing campus (Yellow copy retained by Student Accounts Office of instructing campus)

- Application approved. Total Amount Waived \$ _____
(Itemize Charges Waived Below and Explain Amended Dollar Amounts #13)
- Disapproved as submitted because _____

Authorized Signature Date

PART IV. Employing campus final action — Record disposition of application and distribute Affirmative Action Copy (Green) per internal procedures.