

**CT STATE**

**COMMUNITY COLLEGE**

**GATEWAY**

***PROFESSIONAL DEVELOPMENT***

**AFSCME**

**COLLEGE**

**CREDIT PACKET**

## Checklist for Travel Authorizations

Full Time

Part Time

Employee: \_\_\_\_\_

**Coursework**

- Proof of enrollment
- Cost of Course
- Dates of Course

**Conferences & Travel**

- Description of event & location
- Cost of event
- Dates of event
- Transportation Details & Estimates
- Documented Accommodation Estimates
- Rental Vehicle – Include documented rental estimates
- Personal Vehicle – Deduct normal commute from mileage

**Memberships**

- Description of membership
- Dates of Membership & Cost

**All Travel Authorizations**

- Signed by immediate supervisor
- Signed by your Dean

Include all costs related to your request. Subtract any costs paid by the college or other sources.

Send completed form to [GW-Professionaldevelopment@ctstate.edu](mailto:GW-Professionaldevelopment@ctstate.edu)

# CT STATE COMMUNITY COLLEGE

## GATEWAY

### Checklist for Employee Payroll Reimbursements

Full Time

Part Time

Employee: \_\_\_\_\_

**Coursework**

- Invoice
- List of courses and grades
- Proof of payment

**Conferences & travel**

- Proof of Attendance
- Registration Documentation & Proof of Payment
- Accommodation Invoice & Proof of Payment
- Transportation Invoice & Proof of Payment
- Receipts for subway, taxis, parking, etc
- Personal Vehicle - provide copy of Auto Declaration Page
- Personal Vehicle - Mileage Map (start to finish)
- Personal Vehicle - deduct daily commute from mileage

**Memberships**

- Invoice
- Proof of Payment

**Personal Vehicle Mileage**

- Mileage Map (start to finish)
- Deduct daily commute from mileage
- Provide copy of Auto Declaration Page

**All Reimbursement Requests**

- Signed by immediate Supervisor
- Signed by your Dean

Include all costs related to your request. Subtract any costs paid by the college or other sources.

Send completed form to [GW-Professionaldevelopment@ctstate.edu](mailto:GW-Professionaldevelopment@ctstate.edu)

## AFSCME CODING FOR EACH FORM (COLLEGE CREDIT)

### MAXIMUM ALLOTMENTS PER SEMESTER (FY24)

	<u>Full time Employees</u>	<u>Part time Employees</u>
College Credit Coursework	\$4874/per semester	\$1994/per semester
Non-Credit Coursework	\$3046/per semester	\$1329/per semester
Memberships/Licenses	\$720/per semester	\$305/per semester

### APPLICATION FOR APPROVAL OF PD ACTIVITIES FORM (AFSCME)

This form must be completed to request approval for all PD-related activities. This form must be signed by the AFSCME Committee Chair before it is submitted to Campus Operations and Administration for final review and approval.

### REQUEST FOR REIMBURSEMENT OF TUITION AND FEES FOR COMPLETED COURSES FORM (AFSCME)

Upon Completion of the semester, this form must be completed in order to be reimbursed for college credit coursework ONLY.

### APPLICATION FOR TUITION REIMBURSEMENT FORM (CO-101)

This form must be completed to request approval to take college credit coursework ONLY. Be sure to include proof of enrollment, cost, and how you plan on paying for the course(s) (Financial Aid, Cash, Credit Card, etc....) Once semester is completed, submit final grade(s), which must be "C" or better, along with proof of payment.

TA NUMBER	Leave blank
Collective Bargaining Union Code	AFSCME - 55
Dept Payroll Code	Leave blank





**REQUEST FOR REIMBURSEMENT OF TUITION AND FEES  
FOR COMPLETED COURSES (AFSCME)**

**REIMBURSEMENT OF TUITION AND FEES IS AVAILABLE AS FOLLOWS:**

1. For courses related to the employee's job and/or courses required for a degree which is related to the employee's job, for which prior approval was received.
2. Completed requests for reimbursement should be submitted to the designated HR Generalist.
3. The request must include proof of payment and successful completion of the course(s) with a grade of "C" or better.
3. The combined maximum for reimbursement of tuition and fees **per semester** reimbursement is \$4874 for full-time bargaining unit members. Tuition reimbursement is for tuition and fees for approved courses only.
4. Applicants will be informed regarding approval/denial of the request for reimbursement, and whether the payment is considered as income for tax purposes.

**PART A: TO BE COMPLETED BY THE EMPLOYEE**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
CAMPUS: \_\_\_\_\_

**COURSES FOR WHICH REIMBURSEMENT OF TUITION AND FEES IS SOUGHT:**

Semester: _____				
Course Title	Credit Hours	Tuition	Fees	
		_____	_____	
TOTALS		\$ _____	\$ _____	

**AFFIDAVIT IN SUPPORT OF REQUEST FOR TUITION REIMBURSEMENT:**

By this statement I affirm that the courses listed above for which I request tuition reimbursement were completed by me with a grade of "C" or better and have been fully paid. Proof of payment and successful completion of the course(s) with a grade of "C" or better is attached.

I understand that it is the responsibility of the employer to determine in each case whether tuition reimbursement must be reported to the Internal Revenue Service as taxable income to me. I further understand that the decision of the employer is based upon the following standards:

- (1) tuition reimbursement for courses taken to maintain or improve skills needed in my current position need not be reported to the Internal Revenue Service as taxable income, and that
- (2) tuition reimbursement for courses that are either necessary to meet the minimum requirements for my current position, or that are taken as part of a program of study which will qualify me for a new trade or business, whether or not I am seeking a new job, must be reported to the IRS.

**In accordance with the definitions above, it is my belief that the course(s) for which reimbursement is requested here are reportable (\_\_\_\_); non-reportable (\_\_\_\_) (check one). I understand that the employer will make an independent judgment on the reportability of any approved reimbursement and that this judgment shall not be subject to challenge in any grievance process.**

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART B: TO BE COMPLETED BY THE EMPLOYER**

Reimbursement:      Approved \_\_\_\_\_ (Taxable \_\_\_\_\_ Non-taxable \_\_\_\_\_)  
Denied \_\_\_\_\_ Authorized signature: \_\_\_\_\_

**APPLICATION FOR TUITION REIMBURSEMENT**  
 C0-101 Revised 10/6/2021 (Campus Operations)

TA# \_\_\_\_\_  
 (Campus Operationa & Finance use only)



**IMPORTANT! THIS APPLICATION MUST BE SUBMITTED TWO WEEKS PRIOR TO THE BEGINNING OF THE COURSE(S) TO YOUR AGENCY APPROVAL OFFICER.**

**NOTE:** Upon completion of course(s) you must SUBMIT 2 COPIES OF ALL RECEIPTS and PROOF OF PASSING to your AGENCY APPROVAL OFFICER by Feb. 1st, fall & summer courses, June 1st, spring courses.

NAME (Last)	(First)	(Middle)	TR NUMBER	EMPLOYEE NUMBER	<b>IMPORTANT</b> COLLECTIVE BARGAINING UNIT CODE
HOME MAILING ADDRESS (No. and Street)	(City or Town)	(State)	(Zip)	DEPARTMENTAL PAYROLL CODE	
TITLE	AGENCY NAME			WORK TELEPHONE NO.	
WORK ADDRESS (No. and Street)	(City/Town)	(State)	(Zip)	WORK EMAIL ADDRESS	
EDUCATION INSTITUTE (Name)	<b>START</b> (semester)			<b>FINISH</b> (semester)	
	Mo.	Day	Yr.	Mo.	Day Yr.
ADDRESS (No. and Street)	(City or Town)	(State)	(Zip)		

COURSE INFORMATION	TITLE AND NUMBER OF COURSES					NUMBER OF CREDITS
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
The above courses are		<input type="checkbox"/> Graduate	<input type="checkbox"/> Undergraduate	Job Related?	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL CREDITS
OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM						

<b>COST IMPORTANT</b>  Be sure to show the cost of EACH CREDIT as well as the total cost of all credits in applicable spaces at the right  PAYMENT IS SUBJECT TO AVAILABLE FUNDS!	CHARGE PER CREDIT \$	X TOTAL NO. CREDITS	TOTAL = CREDIT COST \$
	Service Fee (Community Colleges Only)		
	Laboratory Fee		
	Other Fees		
	Sub Total		
	LESS - Financial-Aid Received from Other Sources		
	<b>NET COST</b>		

<b>APPLICANT'S CERTIFICATION</b>	I certify that I am familiar with regulations for tuition reimbursement and will comply with them. I will notify the Agency Approval Officer if a course is failed or dropped.		
	SIGNED (Applicant)	DATE	

<b>AGENCY RECOMMENDATION</b>	I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I DO <input type="checkbox"/> DO NOT <input type="checkbox"/> recommend this person's participation.			
	AGENCY APPROVAL OFFICER (Signature)	DATE RECEIVED BY TRO	EMAIL	TELEPHONE NO.
	IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE - <u>only</u> for extraordinary circumstances			

<b>FOR USE IF APPLICATION IS NOT APPROVED</b>	STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION			
	SIGNATURE			DATE

<b>FOR AGENCY USE ONLY</b>	AMOUNT TO BE REIMBURSED	JOB-RELATED	NON-JOB-RELATED	DATE RECEIPT AND GRADES SUBMITTED	DATE PAYMENT REQUESTED
	\$	\$	\$		

<b>FOR OSC USE ONLY</b>	PRIORITY LIST DATE	NOTES:	PROCESSED BY:	DATE

**DISTRIBUTION:** - Agency - Comptroller's Administrative Services Division, Tuition Unit -Employee



## **CO-101 INSTRUCTIONS**

*You will find the form on the last page of this document.*

*For information regarding eligibility requirements, please refer to the **Eligibility** section on page two of these instructions.*

This application must be submitted to the employee's agency Tuition Reimbursement Approval Officer at least **two weeks prior** to the start of classes. In most agencies, Tuition Reimbursement Approval Officers are located in the personnel or training unit. *Please refer to [Addendum A \(Tuition Reimbursement Officers by Agency\) of the State of Connecticut Tuition Reimbursement Program manual](#).*

This application must state the cost per credit for the course. Any financial aid received from other sources, e.g. BEOG, Title XX etc. must be stated. Loans given directly to the employee that must be repaid need not be reported. If a loan is paid directly to the educational institution a statement must be submitted with the application explaining that financial aid is in the form of a loan.

Any changes in course titles, **failure or dropping** of a course must be reported to the agency's officer within 10 days.

All tuition reimbursements for courses that are not job related are subject to taxes and are included with the employee's wages. All tuition reimbursements that are job related are **not** subject to taxes.

Determination of reportability under Section 132IRC - Employees should refer to [IRS regulations - Section 132IRC](#) or consult a tax professional with questions concerning the reportability of a tuition reimbursement. It is the employee's responsibility to determine if a reimbursement is reportable and therefore taxable.

Bargaining units have different tuition reimbursement guidelines with regard to the number of courses allowed, the rate of reimbursement and the amount of funds allocated. For specific rules and regulations employees should consult their [Collective Bargaining Agreement](#) or Tuition Reimbursement Officer. See [Addendum A](#).

Authorization to participate in the tuition reimbursement program will be sent to each applicant. All correspondence programs, preparation and self-development programs must be reviewed by the State Personnel Tuition Reimbursement Coordinator **prior** to an employee beginning the course of study.

At the end of each semester, employees must submit receipt of payment and grade report or transcript to their agency Tuition Reimbursement Officer. This paperwork **must** be received by the agency no later than **February 1st** for Summer and Fall semester courses and **June 1st** for Spring courses.

*A fiscal year is July 1st to June 30th. For example: July 1, 2015 through June 30, 2016 is fiscal year 2016.*

### Eligibility

In order to be eligible to receive tuition reimbursement, the employee, educational institution and course must meet the following requirements:

1. **Employee Eligibility:** As indicated above, each collective bargaining agreement has different requirements and eligibility criteria. For example: Some collective bargaining agreements require that an employee complete an initial working test period before being eligible to apply for tuition reimbursement. Please refer to the appropriate [Collective Bargaining Agreement](#) to determine if you meet the eligibility criteria required by your union contract.
2. **Educational Institution:** Educational institutions of higher learning must be accredited. You can check the Council for Higher Education Accreditation database at [www.chea.org](http://www.chea.org) or the [US Department of Education Database of Accredited Postsecondary Institutions and Programs](#) to confirm that your educational institution is accredited. If you are attending a Private Occupational School, you can verify that the school has been approved by the State of Connecticut Office of Higher Education by checking their list of [Approved Private Occupational Schools](#).
3. **Course Eligibility:** Your collective bargaining agreement may have course requirements in order to be reimbursed under tuition reimbursement (i.e. towards upward mobility, continuing your education in a job-related field etc.) Please refer to the appropriate [Collective Bargaining Agreement](#) in order to determine if your course meets the eligibility criteria required by your union contract.