

Instructions for Completing Form CO-101 **Application for Tuition Reimbursement -SVFT**

The Form CO-101 - Application for Tuition Reimbursement must be submitted to SDE's Tuition Reimbursement Approval Officer at least **two weeks prior** to the start of classes. SDE's Tuition Reimbursement Approval Officer is Lillian Rivera. SVFT staff must send original CO-101 reimbursement requests directly to Lillian Rivera, Dept. of Finance and Admin. Services, State Office Bldg., Room 309, 165 Capitol Ave., Hartford, CT 06106.

The 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.

Reportable tuition reimbursements are included with employee's wages and **are** subject to taxes. Non-reportable tuition reimbursements are not included with the employee's wages and are **not** subject to taxes.

Determination of reportability under Section 132 IRC – Courses taken that are required for the employee's current position are not reportable. This includes refresher courses, courses on current developments and academic or vocational courses that maintains or improves skills needed in current position. Courses taken to meet the minimum educational requirements for an employee's current trade or business are reportable. Courses that are part of a program of study that can qualify an employee for a new trade or business are reportable. Review courses to prepare for the bar exam or CPA exam are reportable because these courses may qualify an employee for a new profession.

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 contract or Tuition Reimbursement Officer. **Form CO-101 replaces the VT-42 form previously used by SVFT members. SVFT members must use form CO-101 with SVFT clearly displayed in the upper right hand corner box labeled Collective Bargaining Unit Code, and SDE64300 in the box labeled Departmental Payroll Code.**

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. All courses beginning in May or ending after May 31st will be credited toward the next fiscal year and subject to available funds and collective bargaining agreements.

APPLICATION FOR TUITION REIMBURSEMENT
CO-101 11/2006

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 _____	COLLEGE SVFT			
HOME MAILING ADDRESS NAME (No. and Street) _____ (City or Town) _____ (State) _____ (Zip) _____				DEPARTMENT SDE64300			
TITLE _____		AGENCY NAME _____		WORK TELEPHONE _____			
WORK ADDRESS (No. and Street) _____ (City/Town) _____ (State) _____ (Zip) _____		WORK EMAIL ADDRESS _____					
EDUCATION INSTITUTE (Name) _____		START		FINISH			
		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. _____						
	The above courses are		<input type="checkbox"/> Graduate Course	<input type="checkbox"/> Undergraduate Courses	Job Related?		TOTAL CREDITS
				<input type="checkbox"/> YES	<input type="checkbox"/> NO		
OBJECTIVE IN TAKING THIS COURSE (S) OR CURRICULUM _____							
COST IMPORTANT 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 \$ _____	TOTAL NO. CREDITS X _____		TOTAL CREDIT COST \$ _____		
		Service Fee (Community Colleges Only) \$ _____					
		Laboratory Fee \$ _____					
		Other Fees \$ _____					
		Sub Total \$ _____					
		LESS - Financial-Aid Received from Other Sources \$ _____					
NET COST \$ _____							
APPLICANTS CERTIFICATION		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 (Mo., Day, Yr.) _____	
AGENCY RECOMMENDATION		I have reviewed the tuition guidelines and this application. ("X" APPROPRIATE BOX) I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT recommend this person's participation.					
		IF APPLICATION IS DENIED, STATE REASON AND FORWARD TO THE REVIEW COMMITTEE _____					
		AGENCY APPROVAL OFFICER (Signature) _____		DATE _____	EMAIL _____	TELEPHONE NO. _____	
FOR USE IF APPLICATION IS NOT APPROVED		STATE PERSONNEL TUITION REIMBURSEMENT COORDINATOR'S DECISION _____					
		SIGNATURE _____				DATE _____	
FOR AGENCY USE ONLY		AMOUNT TO BE REIMBURSED \$ _____	JOB-RELATED \$ _____	NON-JOB-RELATED \$ _____	DATE RECEIPT AND GRADES SUBMITTED _____	DATE PAYMENT REQUESTED _____	
FOR OSC USE ONLY		PRIORITY LIST DATE _____	DEPARTMENT ID _____	REVIEWED BY: _____	DATE _____	PROCESSED BY: _____	DATE _____