

**MASSACHUSETTS/MOSES – COMMONWEALTH  
FY 2018 TRAINING REIMBURSEMENT REQUEST FORM**

Employee Name: \_\_\_\_\_  
Last First Mi

Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Dept/Agency/Authority: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Y N Are you currently employed by an executive Branch Agency or the Attorney General's Office? (MWRA and MassDOT members are not eligible.)

Y N Are you currently in a Unit 9 title?

Attach a training/purchase description and receipts for each entry listed below. Proof of payment is required for reimbursement consideration.

| Description of expense | Has your agency offered/reimbursed in the past | Date of training/purchase | Date of payment | Amount of payment | MOSES APPROVAL | HRD/Agency APPROVAL |
|------------------------|------------------------------------------------|---------------------------|-----------------|-------------------|----------------|---------------------|
| 1.                     |                                                |                           |                 |                   |                |                     |
| 2.                     |                                                |                           |                 |                   |                |                     |
| 3.                     |                                                |                           |                 |                   |                |                     |
| 4.                     |                                                |                           |                 |                   |                |                     |
| 5.                     |                                                |                           |                 |                   |                |                     |

Depending on the number of accepted applications a formula will be determined to allow for equal distribution of the portion of money available from this year's training allocation.

Request forms must be received at the MOSES Office by **MAY 31, 2018** addressed to via:

- e-mail; 2018trainingreimbursement@moses-ma.org
- fax: (617) 367-9371; or,
- US Mail: 90 North Washington Street Suite 3, Boston, MA 02114.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_

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The Amendments to the Contract between the Commonwealth and MOSES ratified by the Unit 9 membership in August 2014 included provisions for \$55,000.00 to be spent in 2015, 2016 and 2017 on Training for Unit 9 employees. MOSES has been consulting with the Commonwealth's Human Resources Division (HRD) on developing and implementing a training initiative acceptable to HRD and MOSES to benefit Unit 9 employees. \$55,000.00 is scheduled to be set aside for Fiscal year 2017 (July 01, 2016 to June 30, 2017). HRD has established constraints for the program which include us to close the reimbursement program on May 31, 2018. This will enable the Commonwealth to reimburse members in the pay they receive by June 30, 2018. We hope to offer additional training opportunities for members in FY-2019. MOSES has agreed to implement this reimbursement initiative intended to distribute the FY-2018 block of training money to as many members as possible. The form to request reimbursement for expenses incurred by members to obtain training and/or certifications or licenses that relate to Unit 9 Professional or Technical work is on the reverse side of this document.

MOSES has established these objectives for the program:

- Qualifying expenses that enhance participating members abilities to perform Unit 9 work in the member's current title or any Unit 9 title to which the member may aspire to;
- A goal of the program is to continue and enhance participating members' professional development and to open additional Unit 9 work opportunities for members;
- Payment for qualifying expenses incurred between July 1, 2017 and May 31, 2018 must be made and documentation submitted to MOSES before the submittal deadline of MAY 31, 2018
- If you are eligible for reimbursement from any other source for a particular training related expense you are not eligible for reimbursement of that expense under this program

To qualify and obtain reimbursements, members must complete the Reimbursement form on the reverse side of this document and attach proof of payment of the expenses (for example, a receipt marked paid, a copy of a cancelled check, or an invoice marked paid identifying the vendor and amount paid) and a brief description of the expense prepared by the provider/vendor (an image of a web page describing a course identifying the provider/vendor for example). You may redact any sensitive personal information from submitted documentation (account numbers for example).

The completed Reimbursement Form and documentation must then be returned to the MOSES Office; (email, fax and US Mail information listed on front page) The MOSES Commonwealth Collective Bargaining Committee and HRD will review and approve or reject the application. Approved applications will be forwarded to HRD/Comptroller's Office for processing and payment. As we have limited time for implementing this phase of the Training Program we have not established an appeal process for rejected applications. Decisions by MOSES and/or HRD are final.

Although it is likely this or a similar program will be offered by MOSES and HRD in Fiscal Year 2019, please be aware that the limitations and criteria for reimbursement may change in the future, based in part, on an evaluation of how this phase works and any additional constraints imposed by the Commonwealth HRD.