

Ecbytes Training Assistance Program Application

Employee Information

Name _____
(Last) (First) (M) Employee Number

Home Address _____ Home Phone _____
(Number) (Street) (City) (State) (Zip) (Include area code)

Job Title _____ Work Phone _____
(Include Area Code)

Status: Full Time Part Time

Division/Department Code _____

Company Name _____

Course / Program Information

Check One: Non-Degree Certificate Program

Training Major/Program Title _____ Will you be completing your Training this term? Yes No

School Name: _____ Term Begin Date ___/___/___
(Month - Day - Year)

School Address: _____ Term End Date ___/___/___
(Number) (Street) (City) (State) (Zip) (Month - Day - Year)

Provide the number(s) and the name(s) of the course(s) you are planning to take	Credit/Hrs	Tuition	Lab Fees	Total Cost
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Mandatory Registration Fees			=	_____

What other aid will you be using to pay for your studies? (VA, scholarship, grant, etc.) _____ Subtract (_____)

Total Amount Requested \$ _____

Conditions

I wish to enroll in the above course(s)/program(s). I understand that I have one year from the course begin date to submit reimbursement documents including official receipts and grades. I have read the policies and procedures of the Ecbytes Training Assistance Program and agree to abide by them. Federal and/or state tax laws may require Ecbytes to treat Training assistance benefits as taxable income. I authorize the above institution to release to Ecbytes upon Ecbytes's request, all records concerning my education or financial assistance as it pertains to this application.

Applicant's Signature _____ Date _____

Supervisor's Signature/Date _____ Title _____ Employee # _____

Dept. Head Signature/Date _____ Title _____ Employee # _____

Mail original to: Ecbytes Training Assistance Program, 4475 South Clinton Ave, Suite # 208, South Plainfield NJ 07080

(PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS & IMPORTANT INFORMATION)

General

Read these instructions carefully before you fill out the application form. PRINT CLEARLY WITH BLACK INK OR TYPE. Review the application before mailing to make sure that you have included all requested information. Incomplete forms will delay processing. BE SURE TO SIGN THE APPLICATION AND OBTAIN YOUR SUPERVISOR AND DEPARTMENT HEAD SIGNATURES.

Submit a separate application form for each school and for each term or semester. APPLICATIONS MUST BE SUBMITTED PRIOR TO THE START DATE OF THE SELECTED COURSE(S). Please allow sufficient time for processing of your paperwork. However, if you have not received a response within 14 working days of mailing your application, call the Ecbytes Training Assistance Office.

Employee Information

All correspondence is either mailed to your home address or sent to your internet email address. Note: If you have recently changed your home address, be sure to notify your corporate Human Resources department. Changes to your address in the Training assistance database file will not update your employee records at Ecbytes.

Course / Program Information

Complete this section with the help of a school counselor if possible. Be sure to list the course numbers and titles as they appear in the school catalog. Include the tuition costs and required covered fees for the current term or billing period only.

If you qualify for financial aid or benefits from other sources, you must declare it. The Program will pay only that portion of tuition and mandatory registration fees not covered by other aid. Failure to completely list other aid can disqualify you from taking part in the Program. Covered mandatory registration fees are any instructional or academic fees charged to ALL students. Non-covered fees include books, exams, course or computer supplies, equipment, laboratory breakage, life-long learning, thesis bindings, graduation fees, late or deferral fees, medical and/or health insurance, finance charges, postage, shipping, transportation, meals, and lodging.

Conditions

Read this section carefully and review the Ecbytes Training Assistance Policy and Guidelines. Your signature indicates that you agree to abide by all requirements and conditions.

Discuss your application with your supervisor and department head or Business Unit Director. Your supervisor and department head signatures indicate concurrence that your application meets the definition of covered coursework under Ecbytes's Training Assistance Program. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

Approval Notification

When your application is approved, you will receive notification by U.S. mail to your home address or to your email address.

If you must substitute other required courses for those listed on the application, or if Training information is incorrect, call the Ecbytes Training Assistance Office as soon as possible to ensure that the substitutions are approved and your records are corrected.

If for any reason your application cannot be approved, you will be notified promptly by U.S. mail or email.

Eligibility

Employees must have regular full-time or part-time status with one year of service to be eligible for participation in the Ecbytes Training Assistance Program. Active regular full-time employees are eligible for five classes per calendar year and active regular part-time employees are eligible for two classes per calendar year.

Mail original application to:

Ecbytes Training Assistance Office, 4475 South Clinton Ave, Suite # 208, South Plainfield NJ - 07080