Application for Inline Electric Supply Company Educational Reimbursement Programs



Contact Information:	
Employee Name:	Date of Hire:
Address:	Branch:
School/Program Information:	
Name of School or Program:	School Address:
Educational Level:	
What level of Educational Course offering are you requesting Undergraduate classes Certification Course Seminars / Workshops Continuing Education Graduate Classes Post Graduate Assets	rse
Educational Course Interests:	
What course or study are you interested in? Electrical Engineering Accounting Sales or Marketing IT Business (General Business, Management, Leade MBA Other:	ership etc.)

Semester/Program Information:				
Date Semester/Program Begins:				
Date Compositor, regram Dogme.				
Date Semester/Program Ends:				
Course/Brogram Information: (Attac	h documentat	ion showing vo	ur full course le	ad)
Course/Program Information: (Attac	n aocamentati	ion snowing yo	ur juli course lo	uu)
List Courses You are registered for:				
Course Name	Course #	Credit Hours	Tuition Cost	
1.				
2.				
3.				
4.				
Reimbursement Amount Requested: Reimbursement Already Received This				
Agreement and Signature:				
By submitting this application, I affirm to accepted as a candidate for educationa misrepresentations made by me on this Electrical Supply Company Educational	l reimbursemen application ma	t, any false state y result in my in	ements, omission	ns, or other
Printed Name: Sign	nature:		Date:	
Our Policy				
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It is the policy of Inline Electrical Supply religion, national origin, gender, sexual			ortunities withou	it regard to race, color,
Employee Manager's Signature:				
HR Approval Signature:				