

Employee Eligibility Verification

Date: ___/___/_____

Employee Name	
Phone (Work)	Phone (Personal)
Email (Work)	Email (Personal)
Date of Hire	Position
Location	Supervisor

Who will be using the educational benefit?

- An employee
- Immediate family relative of employee _____
Print name and relationship

Yes No Employee using company's Tuition Reimbursement Program

If yes, please enter the pre-approved amount: \$_____.00 for the time period ___/___/___ to ___/___/___.

Please note that it is the responsibility of the employee to apply for internal tuition assistance benefits. Employee must complete all necessary paperwork with his or her company, be approved, and comply with all internal requirements to be eligible for ECPI University's Tuition Discount.

ECPI University will provide a 15% Tuition Discount to all employees and immediate relatives. An immediate relative consists of spouses, children and dependents.

Employee:

ECPI University:

Signature Date

Signature Date

Student, if not employee:

Company Representative:

Signature Date

Signature Date