

CONSOLIDATED RAIL CORPORATION
Continuing Education Application - Instructions



Please legibly print or type all applicable items as follows:

1. Enter your name and provide the other requested data in the personal information section.
2. If you are eligible for tuition assistance through any other sources(s), please include information about such assistance in the space provided.
3. Indicate your purpose for requesting educational assistance by checking the appropriate box. If you are pursuing an academic degree, please provide the requested information pertaining to that degree in the space provided.
4. Enter the name of the learning institution you plan to attend, the full title of each course you wish to be considered for assistance (or description of related fee), the number of credits for expect to earn, the dates the course will begin and end, and the cost of the tuition or fee. Please be specific.
5. Enter the total cost of tuition and fees in the "preliminary total" box. Do not provide a dollar amount for books unless this amount is known to you. The form will be revised upon submission of you grades and receipts.

Example

LEARNING INSTITUTION	FULL TITLE OF COURSE (MAXIMUM OF 2) OR DESCRIPTION OF FEE	CREDITS	START DATE	STOP DATE	TUITION/FEE (\$)	GRADE
Penn State	Intro to Business Administration	3	1/9/2000	5/6/2000	\$ 700.00	
Penn State	Business Writing	3	1/9/2000	5/6/2000	\$ 700.00	
Penn State	Registration Fee	n/a	1/9/2000	5/6/2000	\$ 25.00	
Penn State	Computer Fee	n/a	1/9/2000	5/6/2000	\$ 15.00	
PRELIMINARY TOTAL					\$1,440.00	
<i>Do not complete the shaded area</i>					BOOKS	
PREVIOUS YTD AMOUNT		<input type="text"/>	REVISED TOTAL			
HIRE DATE	<input type="text"/>	REMAINING \$ AVAILABLE	<input type="text"/>	AMOUNT APPROVED		

6. Sign and date the form in the appropriate space.
7. Attach a copy of the Learning Institution's description of the course(s) and explanation of the tuition and related fees.
8. Any additional information which is pertinent and necessary for your request for educational assistance should be included in the "Comments" section below.
9. The completed form must be approved and authorized by your immediate supervisor and Department Head and include all the required attachments in order for your request to be considered.
10. The approved form should be forwarded to the:

Conrail
Administrator – Continuing Education Assistance
330 Fellowship Road 3rd Floor
Mount Laurel, NJ 08054

11. Within 30 days of successful completion of the course, forward a copy of your grades and receipts for tuition and books to the Administrator – Continuing Education Assistance at the address listed above.
12. Upon favorable review of your request, the monies will be reimbursed to you in your paycheck.

Comments:

Application follows on the next page

Request for Education Assistance - Application

This form must be completed and authorized by your Department Head prior to the beginning of the course(s). The signed original must be forwarded to the Administrator – Continuing Education Assistance within 30 days after the start of course(s). Please read the instructions before completing the form.

Employee Name (First, Middle Initial, Last)			SSN	
Position Title	Department	Work Location	Smart Number	

I am eligible for educational assistance through outside sources such as scholarships, grants, G.I. Bill, etc.

- Yes
- No

If Yes, please explain and estimate the amount of assistance:

I request reimbursement under the Continuing Education Assistance Program for the following purpose:

- Attend Technical/Trade or GED Course
- Attend courses designed as preparation for professional examination
- Attend individual courses not presently part of a degree program
- Earning an academic degree (please provide information below:

Degree	Field of Study	Credits		Expected Completion Date
		To Date	Total Required	
<input type="checkbox"/> Associate				
<input type="checkbox"/> Bachelor				
<input type="checkbox"/> Masters				

I request the following expenses be considered for reimbursement (complete non-shaded area ONLY):

LEARNING INSTITUTION	FULL TITLE OF COURSE (MAXIMUM OF 2) OR DESCRIPTION OF FEE	CREDITS	START DATE	STOP DATE	TUITION/FEE (\$)	GRADE
PRELIMINARY TOTAL						
Do not complete the shaded area					BOOKS	
PREVIOUS YTD AMOUNT			REVISED TOTAL			
HIRE DATE		REMAINING \$ AVAILABLE		AMOUNT APPROVED		

- Checklist:
- A copy of the Learning Institution’s official description of each course and tuition/fee schedule are attached.
 - Form signed by employee, immediate supervisor and Department head.
 - Completed form forwarded to Administrator – Continuing Educational Assistance, Conrail, 330 Fellowship Road 3rd Floor Mount Laurel, NJ 08054
 - Within 30 days of completion of course, copy of grades and receipts (tuition, fees and books) are forwarded to Administrator – Continuing Educational Assistance.

I have read and agree to all terms and conditions set forth in Conrail’s Continuing Education Assistance policy and understand my obligations. Payment by Conrail will be made upon successful completion of the course(s) authorized. I understand that reimbursement will be denied if I fail to submit within 30 days of successful completion of the authorized course(s) a copy of my grades and paid receipts(s). I understand that I lose my right to all money for authorized courses if I fail to complete a course or voluntarily leave the employment of Conrail prior to the completion of the course(s). I certify that all the information on this form is true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE	DATE	
APPROVALS		
IMMEDIATE SUPERVISOR’S SIGNATURE	TITLE	DATE
DEPARTMENT HEAD’S SIGNATURE	TITLE	DATE