



## Application for Continuing Education and Training Program

The Continuing Education and Training Program is available to all full-time associates who have successfully completed six (6) months of continuous employment. An associate may not currently be or have been on corrective action within the immediate twelve (12) month period prior to participating in the program. **Request for participation in the program must be submitted at least thirty (30) days prior to the start of the course. Reimbursement will not be made without prior written approval for each course listed below.**

Name:	Today's Date:
Department:	Date of Hire:
Type of Education: <input type="checkbox"/> Undergraduate Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> GED <input type="checkbox"/> Other	
Degree Being Pursued:	
Name of Learning Institution:	
<b>#1 Course Name:</b>	
Start Date:	End Date:
Provide a brief summary of course description (or attach copy of course summary):	
<b># 2 Course Name (if applicable):</b>	
Start Date:	End Date:
Provide a brief summary of course description (or attach copy of course summary):	
<b># 3 Course Name (if applicable):</b>	
Start Date:	End Date:
Provide a brief summary of course description (or attach copy of course summary):	

Associate's Signature: \_\_\_\_\_

Employee #: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Vice President Corporate Services: \_\_\_\_\_

Date: \_\_\_\_\_