

## JSA EDUCATION REIMBURSEMENT PROGRAM (ERP) APPLICATION

## **SECTION I: Applicant Information**

Name:	Div/Dept:	Job Title:	
Supervisor Name:		_ Educational Institution:	
Degree Sought:		Major:	
Estimated cost per	semester:		
Projected graduation	on/completion date:	Date you wan	t to start your first class:
ERP Policy in the Acresponsibility until the my Associate Directo employment with JSA reimbursements I rec	dministrative Manual, Sive entire ERP approval proper (or the COO). I further A within12 months after recived from JSA during the	ection 209. I understand that ar ocess (Sections II through V be understand that reimburseme ny degree is conferred, I will be	rm is accurate and that I have read and understand the ny costs associated with the requested program are my low) has been completed and the application approved by ent is subject to funds availability and, should I terminate a required to pay back a proportional amount of ERP I agree that this payback may be deducted from my final a invoice that follows.
Applicant's Sign	ature:		Date:
SECTION II: Line	e Management App	oroval	
Consider applicant's job	performance, longer term	developmental career path possib	silities and the degree's relevance to current/future job position, will remain with the Lab to apply the degree.
	end this application fo	• •	
• I do not re	ecommend this applic	ation for approval	
Supervisor's Signat	ture:		Date:
Group/Dept Manag	ger Signature:		Date:
SECTION III: Enr	ollment Requirem	ents	
Attach the following: 1) I	letter from the educational of credits needed for acce	institution stating either your acce otance; 2) copy of academic progr	otance into the degree program or your eligibility for the ram (course list); 3) written statement (at least 100 words) on you for career progression at JLab, and how it benefits
SECTION IV: Tra	aining and Perfor	mance Office Recomm	nendation
	nd Approval		
<ul> <li>Do Not Re</li> </ul>	commend Approval		
Comments:			
Training and Perfo	ormance Reviewer:_		Date:
SECTION V: Mar	nagement Approva	1	
Approved	9		
	ed		
	<del></del>		
Comments and	d/or funding restriction	ons:	
AD/COO Signature	e:		Date:

POA:-44-006 HR. Form 302 (3/1/2013)