



Eastern Mennonite University, 1846 Charter Lane, Lancaster, PA 17601

Employer Assistance Information

studentaccounts.lancaster@emu.edu

Fax # 717.397.5281

Student Name _____ EMU ID# _____

Program of Enrollment _____ Semester _____

Employer Name _____

Employer Address _____

Employer Contact Person _____ Phone _____ Email _____

I am not eligible/will not receive employer assistance.

Indicate Company Educational Benefit Plan: _____ per credit.

Our company pays _____ per term.

Our company pays _____ per year. (Academic/Calendar/Fiscal) ←--Circle One

Notes:

Employer Signature

Date

I will submit reimbursement from my employer according to the due date on the grade invoice. I understand that I am responsible for any taxes withheld from my reimbursement by my employer.

Student Signature

Date