



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 Education Benefits Plan:**

- Our company pays \_\_\_\_\_ per credit.
- Our company pays \_\_\_\_\_ per term.
- Our company pays \_\_\_\_\_ per year. (Academic/Calendar/Fiscal) ←--Circle One

Notes:

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\_\_\_\_\_  
*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