



EMU at Lancaster, 1846 Charter Lane, P.O. Box 10936, Lancaster, PA 17605

Employer Assistance Information Form

studentaccounts.lancaster@emu.edu

Fax # 717.397.5281

Student Name _____ EMU ID# _____

Program of Enrollment _____ Year/Term _____

Employer Name _____

Employer Address _____

Employer Contact Person _____ Phone _____ Email _____

I am not eligible/will not receive employer assistance.

Indicate Company Educational Benefit Plan:

Our company pays _____ per credit.

Our company pays _____ per term.

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

Disbursement Cycle: _____

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