




BROWN

EMPLOYEE EDUCATION PROGRAM (EEP) APPLICATION INSTRUCTIONS

FILLING OUT YOUR EEP APPLICATION...

■ To complete your on-line EEP application:

The EEP application has been designed to be completed on-line. Place your cursor in the first data field and type in your social security number. After completing each data field, press the tab key and you will automatically move to the next field.

- If you click on the colored icon , you will receive additional guidance.
- In some cases, you will receive additional guidance or be linked to a helpful website when you click on a specific data field.

■ Remember:

- You must provide information for all fields that are highlighted in yellow in order that your application is complete.
- You should submit your application(s) at least two weeks prior to the start of your course(s).

■ If you are unable to complete your application on-line or wish to complete it by hand:

Click on the PRINT FORM button at the top right hand corner of the application.

CHECKLIST FOR COMPLETION

- Have you filled in all required fields?
- Have you attached a course description for all courses and/or cost per credit for non-Brown courses?
- Have you *and* your supervisor provided justification for any job-related course(s)?
- Have you *and* your supervisor signed the application?
- Have you prepared your completed, signed original *and* one copy of your EEP application to be sent to **EEP, Benefits Office, Brown University, Box 1879, Providence, RI 02912?**

IF YOU HAVE QUESTIONS...

For additional assistance, please contact Senior Benefits Special Programs Coordinator, Michele Wise, via email at Michele_Wise@brown.edu or by telephone at 401-863-2459.



Brown University—Benefits Office Employee Education Program (EEP) Application

| | | | |
|----------------------------|---------------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Social Security Number | Last Name, First Name, Middle Initial | Position Title | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant's E-mail Address | Department | Campus Box | Campus Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Original Hire Date | Supervisor's Name | Campus Phone | |
| | | Ben% | Pay Cycle |
| | | Sub-code | Code |
| | | For Office Use Only | |

EDUCATIONAL INSTITUTION

Brown Continuing Studies at Brown Other: Name _____

COURSE INFORMATION

Course Number _____ Course Title _____

Cost (Tuition Only) _____

of Credits/CEUs _____

Is this a Distance Learning Course? Yes No

Dates (From-To): -

Check Day(s) of Week: Wednesday Thursday Friday Monday Tuesday

PROGRAM INFORMATION

Degree Program Type of Degree: Associate's Bachelor's Master's Doctorate

Letter of acceptance attached Area of Study _____ Estimated degree completion date _____

Letter previously submitted

Non-Degree Job-Related Courses Continuing Studies At Brown Undergraduate Graduate

Explain how course is specifically related to your present position at Brown

Certificate Course/Program # of courses in program _____ Estimated completion date of program _____

Explain how course is specifically related to your present position at Brown

SUPERVISOR'S EXPLANATION

REQUIRED FOR JOB-RELATED NON-DEGREE /CERTIFICATE COURSES

The requested course is job-related because:

EMPLOYEE AGREEMENT

As a participant in Brown University's Employee Education Program, I hereby acknowledge that I have read and agree to comply with the terms and conditions stated in the University EEP policy/guidelines.

PAYROLL DEDUCTION AUTHORIZATION

I understand that if I terminate from Brown University for reasons other than layoff prior to the end date of my Brown or Continuing Studies course or should I not successfully complete my course(s), I will be responsible to repay to Brown University the full tuition fee or a penalty fee.

I hereby authorize Brown University to deduct from my last paycheck(s) the entire amount of money owed, either the full tuition or the penalty fee pertaining to my situation. If there are insufficient funds to cover the balance of tuition, I will make arrangements to repay Brown University.

Employee's Signature _____

Supervisor's Signature (required for all courses) _____

Approved Not approved Reason: Not job-related Exceeds fiscal year course/dollar limit Other

For Benefits Office _____ Date _____

Please forward the *completed* and *signed original* AND *one copy* of your EEP application to the Benefits Office at the address below. An approved copy will be returned to you for your records.

EEP — Benefits Office — Box 1879 — 164 Angell Street — Providence, RI 02912 — Phone: 401-863-2459 — Fax: 401-863-3158