

Benefit Services

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Application for Employee Degree Program - Undergraduate

IMPORTANT: Visit <a href="https://example.com/https://example.co

Date of applicatio	n:	_ Date of hire:	Employee ID:
Last name: :			First name:
Job title:			Email:
Check one:	☐ Contract College Semi-Mo ☐ Endowed Semi-Monthly (e		☐ Contract College Bi-weekly (nonexempt) ☐ Endowed Bi-weekly (nonexempt)
Administrative unit	:		Department:
Campus address:			Campus phone:
Supervisor;			Supervisor phone:
Supervisor address	:		
School/College enr	olled in:		Degree sought:
To Be Complete	d by Applicant		
☐ I attest that I h Information" on t		arding section 127	and how this tax legislation may affect my EDP participation (see "Tax
Employee signature	p:		Date:
To Be Complete	d by Supervisor		
nonacademic empl military personnel good standing both requirements of th	oyee or academic staff memb with a minimum of one year o as an employee and as a stud	er who does not he for service at Cornel dent and the praction and this application a	loyed for at least one year of regular full-time service at Cornell; is a old voting status on any college, university or graduate facility; is ROTC I. These endorsements are contingent upon the employee remaining in icality of the program in relation to the future operational and my signature below indicates my understanding and endorsement
Name of Employee	's Immediate Supervisor		Signature/Date
Name of Dean or E	xecutive Officer where emplo	yee works	Signature/Date
For Division of	Human Resources use or	nly:	
Approved by:			Date:

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