## New York State and
## Communications Workers of America Local 1104/
## Graduate Student Employees Union

**EMPIRE KNOWLEDGEBANK (EKB) eLEARNING PROGRAM LICENSE APPLICATION**

## I.  APPLICANT INFORMATION

Name: _____     TA ☐     GA ☐

Division/Department/Program: _____

Campus: _____

Work Mail Address: _____

Work Telephone: _____     Work Email: _____

*I understand that use of the EKB license during normal business hours will be permitted for job or career related courses only, subject to prior approval.*

Applicant Signature: _____     Date: _____

## II.  ACKNOWLEDGEMENT OF DIVISION/DEPARTMENT/PROGRAM

*This employee will be granted time to use the EKB license during normal business hours for job or career related courses, subject to prior approval.*

Name (Print): _____     Title: _____

Work Phone: _____     Work Email: _____

Signature: _____     Date: _____

**For additional information contact Shari Carr at:   518.486.4666**

**Return application to by mail, email or fax at**:

> **Shari Carr**
> **2 Empire State Plaza, 13th Floor**
> **Albany, New York 12223**
> **FAX: 518.486.9220**
> **Email: shari.carr@goer.ny.gov**