

**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
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Albany, New York 12223
FAX: 518.486.9220
Email: shari.carr@goer.ny.gov**