



Employer Reimbursement Plan Employer Agreement

Employer Information

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Student/Employee Information

First Name: _____ Last Name: _____

LSSU Student ID: _____ Date of Request: _____

Semester: _____ Year: _____

Courses Approved

Course	Section	Credit Hours	Tuition

Check if Applicable:

Invoice to show all grants and scholarships

Signature of Supervisor/Manager/Sponsor

Date

Office Use Only:

Employer Agreement Attached:

Business Office Representative: _____

Date: _____