NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

EMPIRE KNOWLEDGEBANK (EKB) eLEARNING PROGRAM LICENSE APPLICATION

I. APPLICANT INFORMATION NEW ☐ CONTINUING ☐

Name: _____ Title/Rank: _____

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, subject to prior approval.

Applicant Signature: _____ Date: _____

II. ACKNOWLEDGEMENT OF DIVISION/DEPARTMENT/PROGRAM

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

Name (Print): _____ Title: _____

Work Phone: _____ Work Email: _____

Signature: _____ Date: _____

For additional information contact NYS/UUP JLMC staff at: 518.486.4666

Return application to NYS/UUP JLMC by mail, email or fax at: **NYS/UUP Joint Labor-Management Committees**
2 Empire State Plaza, 13th Floor
Albany, New York 12223
FAX: 518.486.9220
Email: nysuuplmc@goer.ny.gov

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