



INDIANA HARBOR BELT RAILROAD COMPANY
2721 – 161ST STREET, HAMMOND, IN 46323-1099

**INDIANA HARBOR BELT RAILROAD
CONTINUING EDUCATION APPLICATION**

Date: _____

To: _____
Department Director

A. EMPLOYEE TO COMPLETE:

NAME: _____

EMPLOYEE'S IHB NO. _____

POSITION _____

TELEPHONE NO. _____

EMAIL ADDRESS _____

Please list the college, university or learning institution you are attending:

What class or classes are you registered to attend? What date does the class start?

What is the purpose of this class?

Are you seeking a bachelor, master or doctorate degree? If yes, please state the degree and your major.



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How many credits do you need to attain your degree? How many credits have you successfully completed?

Have you received any prior financial assistance from the IHB relating to continuing education? If yes, what is the total amount funds previously received?

Pursuant to the IHB's Continuing Education Assistance Plan dated January 1, 2019, do you qualify for assistance?

What is the total cost (registration/tuition) of the class in which you are seeking assistance?

Do you understand that you must successfully complete the class as outlined in the policy in order to receive financial assistance?

What documentation have you attached in support of your application?



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A. DEPARTMENT DIRECTOR

Approved

Denied

If denied, please provide reason

Print Name

Signature

Date

B. DIRECTOR OF HUMAN RESOURCES

Approved

Denied

To date this employee has been granted \$ _____ in the _____ calendar year (annual max
(year)
\$5,000) and \$ _____ toward their life time max of \$25,000.

If approved, please provide financial assistance amount for this course: \$ _____

If denied, please provide reason for denial:

Print Name

Signature

Date

C. GENERAL MANAGER

Approved

Denied

If denied, please provide reason for denial:

Print Name

Signature

Date