



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: Phone: 518.486.4666  
Email: [nysuuplmc@oer.ny.gov](mailto:nysuuplmc@oer.ny.gov)  
Return application to NYS/UUP JLMC by mail, email, or fax at: NYS/UUP Joint Labor-Management Committees  
Agency Building 2, 8th Floor  
Empire State Plaza  
Albany, NY 12223  
Email: [nysuuplmc@oer.ny.gov](mailto:nysuuplmc@oer.ny.gov)  
Fax: 518.486.9220**

*It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.*