



**Horizons Training/Retraining
CWA District 9 and AT&T
a Joint Program**



Horizons Application

When completed, **FAX to (707)435-6334**; or mail to: HORIZONS Administrator, 2700 Watt Ave Rm 4475, Sacramento, CA 95821 –**Help Line: (800) 901-6135**

SECTION I - APPLICANT INFORMATION (Printed)

Name: _____ **Personnel No./PRNR (Required) Found on Check Stub:** _____
(Last) (First) (Middle Initial) (ATTUID)

Home Address: _____ **Work Telephone No:** () _____
(Number) (Street) (Apt. No.) (City) (State) (ZIP)

Union Local No.: _____ **NCS Date:** _____ **Other Contact No:** _____ **Home Telephone No:** () _____
(Month-Day-Year)

Separation Date: _____ **Responsibility Code (RC):** _____ **FAX No:** () _____

Current Job Title: _____ **Are you a DTV employee?** _____ **Prev 4-Year Degree? Yes D No D** _____ **Currently on a Leave of Absence or Disability? Yes D No D** _____

SECTION II - TUITION REQUEST INFORMATION

Career Objective (Required): _____ **Course Start Date (Required):** _____ **Completion Date:** _____

TRAINING NEEDED TO ACHIEVE CAREER OBJECTIVE (ONLY ONE TRAINING COURSE CAN BE TAKEN AT A TIME):

COURSE # / Units	COURSE TITLE (As shown in catalog)	MAJOR (if applicable)
_____ / _____	_____	_____

TRAINING PROVIDER: **NAME OF PROVIDER:** _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

CONTACT PERSON AT SCHOOL (if known): _____

TUITION COSTS (Required)	
Tuition \$	_____
Required Books \$	_____
Required Fees \$	_____
Total Cost \$	_____

SECTION III – CONDITIONS

As an eligible CWA represented employee of AT&T West, California and Nevada, I am applying for approval of the above course to The HORIZONS Training/Retraining Program. By signing this application, I understand that: (1) approval of my application is subject to the conditions outlined in the program description; (2) I will be financially responsible for any training not authorized in writing by HORIZONS; and (3) I am financially responsible for the payment of all costs excluded from my Authorization To Spend form. In addition, I agree that I have read the program description and understand its contents and that **I will not be approved for any subsequent course(s) until I have submitted proof of successful completion of this program.** I further authorize any educational institution that I attend to release to the HORIZONS Program any requested information regarding my status in the institution.

Applicant's Signature _____ **Date** _____ **Date Sent** _____

*****KEEP A COPY FOR YOUR RECORDS**** INSTRUCTIONS for COMPLETING on REVERSE***
 PROPRIETARY and CONFIDENTIAL-- Information-Not for disclosure outside of AT&T, except under written permission**

ITEM	INSTRUCTIONS - COMPLETE ENTIRE APPLICATION
SECTION I - APPLICANT INFORMATION	
NAME	Enter your full last name, full first name, middle initial
PERSONNEL NUMBER	Enter your eLink personnel number (pmr no.). Your number can be found on the top of your check stub or see your departmental eLink Assistant for help.
HOME ADDRESS	Enter your home street address or P.O. Box. If we need to contact you by mail, the notice will be sent to your home address.
WORK TELEPHONE NO.	Enter your work telephone number including area code.
UNION LOCAL NO.	Enter your Union Local number (e.g. CWA Union Local No. 9430)
NCS DATE	Enter your Net Credited Service (NCS) date with the Company. You must have one year of service to be eligible for the program. Exception: Regular employees in surplus work groups, as defined in Section 2.06B1a of the contract, who have less than one year will be treated the same as employees with one year.
OTHER CONTACT NO.	Enter another contact phone number other than home or work if you wish
HOME TELEPHONE NO.	Enter your home telephone number including area code. This number will only be used if we are unable to reach you at your work number or at your Other Contact No.
SEPARATION DATE	Enter your separation date from the Company, if applicable.
CURRENT Responsibility Code (RC) (formerly ARC)	Enter your departmental Responsibility Code (e.g. EY43B4600)
FAX NO.	Enter the fax number, including area code, where you want to receive your Authorization to Spend (ATS) form.
CURRENT JOB TITLE	Enter the job title of the position you currently hold (e.g. Maintenance Administrator).
PREVIOUS FOUR YEAR DEGREE	Do you have a four-year degree? Enter "yes" or "no".
CURRENTLY ON A LEAVE OF ABSENCE OR DISABILITY?	Indicate whether you are currently on a leave or disability. If "yes", what type? You are ineligible to participate while on disability, Workers' Compensation, leave or temporary promotion.
SECTION II - TUITION REQUEST INFORMATION	
CAREER OBJECTIVE	Your application MUST have a career objective. Training MUST be in alignment with your career objective. Fully explain what you hope to accomplish as a result of taking the course. If the course is job-related, you should see your manager for possible departmental funding. If the course is eligible for Tuition Aid, contact the Tuition Aid Office at 888-722-1787.
COURSE START DATE	Applications will not be processed without a start date. Enter the date the class will begin.
COMPLETION DATE	Enter the date the class will end. Note: Proof of completing a prior class must be on file before you may apply for additional classes. It is the employee's responsibility, not the school's, to submit a Certificate of Completion.
COURSE NO/UNITS	Enter the course number and units.
COURSE TITLE	Enter the title of the course as shown in the school catalog or brochure. You may not apply for more than one class at a time.
MAJOR	Enter your major field of study, if applicable.
TUITION PER UNIT/COURSE	Enter the tuition amount of the course or the per-unit cost. Remember: Participants may spend up to \$1,200.00 per calendar year. If you have taken a previous course during the same calendar year, you will be notified if there are insufficient funds remaining to cover requested training.
TUITION COSTS	Enter the costs associated with tuition, books, and fees. Funding will cover tuition, required books and fees at accredited schools. Horizons will not reimburse out-of-pocket expenses for schools that do not have billing agreements with us.
TRAINING PROVIDER	Enter the name, address, phone number and fax number of the school that will provide training. Provide the name of a contact person at the school, if possible. You will be notified if a school is ineligible to participate.
SECTION III - CONDITIONS	
APPLICANT'S SIGNATURE DATE DATE SENT	<p>Applications must be signed and dated. By signing, the applicant acknowledges:</p> <ul style="list-style-type: none"> • Approval is subject to the conditions outlined in the program description • Attendance at any training not authorized in writing by Horizons is his/her own responsibility • He/she is responsible for the payment of all excluded costs • He/she will not be approved for any subsequent course(s) until proof of successful certificate of completion is submitted
HORIZONS HELPLINE	1-800-901-6135