THE WATER AND WASTE OPERATORS ASSOCIATION OF MD, DE and DC

EMPLOYER FORM FOR WWOA OPERATOR TECHNICAL EDUCATION SCHOLARSHIP EXPLANATION

Employer hereby certifies that they are unable to make payment of CEU's for the following employee and our reasons are stated below.

Employer Information:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Person Completing this form: Name: _____ Title: _____

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Employee information:

Name: _____WWOA Member # _____Section_____

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CEU Class Unable to Make Payment for:

Program/Class Title: _____

TRE #_____ **Program/Class Location: _____**

Date of Program/Class: _____

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Reason for Being Unable to Make Payment for:

- Not covered under current operator license status
- Funds not in current budget
- Other: _____

Signature: _____ **Date: _____**

Questions, please email to info@wwoa.net.