

NORFOLK SOUTHERN CORPORATION

Employee Education Assistance Application & Expense Statement

To be completed no later than 7 days after course starting date

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|--------------------|-------------|
| Name | Title | | | |
| Street | City | State | Zip Code | |
| Social Security/Employee ID Number | Date of Hire | Business Telephone | | |
| Department | Location | | | |
| If you hold a Bachelor's degree, please attach course description and an explanation how the below course(s) relate(s) to your current job or other job you could reasonably obtain. | | | | |
| PREREGISTRATION EDUCATIONAL DATA | | | | |
| School Name | Location | | | |
| Major/Degree (If not pursuing, attach explanation) | Number of credit hours needed to complete degree | | | |
| <u>Title of Course(s)</u> | <u>Start Date</u> | <u>End Date</u> | <u>Credit Hrs.</u> | <u>Cost</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Employee Signature _____ | | Date _____ | | |
| Submit this form and any attachments to your Supervisor | | | | |
| Applicant's performance is satisfactory/not satisfactory. Circle one. (If not satisfactory, attach documentation) | | | | |
| Supervisor's Signature _____ | | Date _____ | | |
| Forward form and attachments to Human Resources, Three Commercial Place, Norfolk, VA 23510-9211 or Box 211-Norfolk | | | | |
| _____ APPROVED _____ DISAPPROVED _____ <div style="text-align: center;">HUMAN RESOURCES</div> <div style="text-align: right;">Date</div> | | | | |

COMPLETE BELOW UPON COURSE COMPLETION AND MAIL TO HUMAN RESOURCES

| COURSE | Grade | Tuition | Reg. Fees | Books | Lab Fee | TOTAL |
|-------------------------------------------------------------------------------------------|-----------------|---------|-----------|-------|---------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Attach receipts for expenses submitted | SUBTOTAL | | | | | |
| Deduct funds reimbursed from other sources, e.g., scholarships, veterans assistance, etc. | | | | | | |
| Total Reimbursement | | | | | | |
| EMPLOYEE SIGNATURE _____ | | | | | | Date _____ |
| HUMAN RESOURCES _____ | | | | | | Date _____ |

(See instructions on back)

Instructions

Before Courses Begin

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|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee | Complete the top portion of the form, sign and submit to supervisor no later than seven days after the course starting date. We encourage you, however, to seek approval prior to the starting date of your course. If you hold a Bachelor's degree, attach a copy of the official course description provided by the educational institution. Please note: Agreement employees out of service on account of formal disciplinary action, or who have received formal discipline in the last six (6) months, or Non-agreement employees with less than satisfactory performance on their current job are not eligible. |
| Supervisor | Review form to ensure applicant eligibility for participation. Approve, if appropriate and forward to Human Resources for final approval. If disapproved, notify applicant with explanation and forward supporting documentation attached to the form to Human Resources. |
| Human Resources | Approve/disapprove request, as appropriate. If approved, notify employee by returning form. If disapproved, notify employee and supervisor with written explanation. |

After Completion of Courses

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|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee | For approved courses, complete the bottom portion of the form, sign and forward to Human Resources within one month of satisfactorily completing the course. Attach receipts or documentation from the educational institution for authorized expenses and official grade transcript or other evidence of course completion. If applicable, declare any financial assistance received from other sources. |
| Human Resources | Determine that all requirements have been met and approve Form 11010 for payment and forward the original form along with receipts to Payroll Accounting for reimbursement. |

Mailing Address for Applications & Expense Statements:

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|------------|-----------------------------------------------------------------|
| U.S. Mail: | NSC – Human Resources, 3 Commercial Pl., Norfolk, VA 23510-9211 |
| Pouch: | Box 211 - Norfolk |