EMPLOYEE REQUEST TO ATTEND CLASS

Instructions:
1. Complete the below form for Human Resources
2. Contact the Registrar’s Office for registration

Semester: ________1st or ________ 2nd

Year: ________

Employee’s Name__________________________________________

Class to Attend ____________________________________________

Day(s) & Time(s) of class_____________________________________

Day(s) & Times(s) of second class to attend (not during scheduled work hours)
_________________________________________________________________

Schedule of make-up time _____________________________________

Supervisor’s Approval (signature)______________________________

Department Head’s Approval (signature)________________________

After completion of this form you must register for class(es) with the Registrar. There is no tuition charge to an employee for this class. The employee is responsible for the cost of books, materials, or fees required for the class. It is required that any time missed from the employee’s basic work hours must be made up during the week the time is missed. Make-up time schedule should be approved by your supervisor.

Employee’s signature

FORM TO BE COMPLETED ONE WEEK BEFORE CLASSES BEGIN. RETURN FORM TO HUMAN RESOURCES AFTER COMPLETION.