

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.