



Employee Request to Take Class

Date of Request _____

Please print

Name of Employee _____

Semester Requested _____

Course Number and Title _____

Credit Hours _____

Time and Days of Class _____

Class will be during Work Hours

Class will not be during Work Hours

Justification for Taking Class _____

I understand and agree that Human Resources is to receive an official transcript of my grades for this class and it is my responsibility to have the transcript sent to Human Resources upon completion of the class.

Employee Signature _____

Supervisory Approval

Supervisory approval is required **IF** the class is to be taken during work hours; however, supervisory approval is **NOT** required if the class is during non-work hours.

	Signature	Date	Approved	Denied
Immediate Supervisor				
Vice President				
President				

Send this completed form to Human Resources

The employee should contact the Business Office to receive the invoice amount that is due and payable