



Office of Human Resources

Date Submitted _____
To Dr. Viera _____
Date due to employee _____
Date response to employee _____

AUTHORIZATION TO TAKE COURSES

Classified Employees
(Pursuant to CSEA Contract, Article 17)

NAME: _____

DEPARTMENT: _____

CURRENT JOB CLASSIFICATION: _____

Full-time _____ Part-Time _____

NAME(S) OF COURSES TO BE TAKEN: _____

SPONSORING INSTITUTION: _____

(for work-related courses)

DATE/DAY/HOURS: _____

WHERE HELD: _____

DEGREE APPLICABLE? _____ Assoc. _____ Bachelor's _____ Master's _____

(Yes or No)

If course is work-related, explain relationship of course to the duties performing in your present job classification.

If taking a degree-applicable course, you must attach a copy of your Student Educational Plan signed by a counselor.



REQUEST THE FOLLOWING:

Release Time _____

Enrollment Reimbursement _____ Estimated Cost \$ _____

Textbook Reimbursement _____ Estimated Cost \$ _____

Mileage Reimbursement _____ Estimated Cost \$ _____
(at current District rate)

Immediate Supervisor: I support _____

I do not support _____
(if not, explain) _____

Signature

FOR PROFESSIONAL GROWTH COMMITTEE USE ONLY

Recommend _____ Denied _____

Reason:

cc: John Thompson (Classified Staff Development)
Rosie Buchwald (Reimbursement)

9/16/03dc
Revised:03/08/05slc
03/01/07slc