

Employee Request to Enroll in Classes During Working Hours

Employee Name

Employing Department

Employee SS#

Semester of Attendance

Courses Requested During Normal Work Hours:

Course	Days	Meeting Times	Hours off Work
Total Hours			

Hours off work will be made up as follows:

Days	Time	Hours Made Up
Total Hours Made Up		

Employee Certification:

I hereby certify that I have read and understand the System Regulation and University Administrative Procedures governing employees registering as students. I understand that my primary obligation is to my job and I will ensure that my attendance in classes during my regular work hours will be made up during the days and times stated above. I understand that failure to abide by the above commitment may result in disciplinary actions, as outlined in University Administrative Procedure.

Employee Signature

Department Head