



FACULTY AND STAFF TUITION ASSISTANCE

Request for Course Enrollment During Regularly Scheduled Work Hours

This request form must be completed **prior to registration** for the quarter for which the permission is sought.

Name of Faculty/Staff Member: Last _____ First _____ MI _____

Daytime Phone Number _____ E-mail _____

Quarter and Year I am Requesting Course Enrollment During Work Hours _____ Department _____ College/Unit _____

List all courses you are requesting to take during your regularly scheduled work hours¹:

Department Name Offering Course	Course #	Course Title	Credit Hours	Days Scheduled	Time Scheduled

¹Regular staff with eligible appointments of 75% FTE or greater may enroll for up to 10 credit hours per academic quarter.

Describe below how your work schedule will be modified to accommodate the time necessary to take the above course(s) (e.g. days and times of flexible work schedule, vacation time, comp time (non-exempt staff only), etc.), so that taking courses will not interfere with the performance of job duties and responsibilities.

Authorization:

We have discussed the above work schedule to accommodate my course schedule.

Employee Signature _____ Date _____

We approve this revised work schedule.

Supervisor Signature _____ Date _____

Employing Unit Head Signature _____ Date _____

Maintain a signed copy of this form in the employee's personnel file