

# 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 hours<sup>1</sup>:**

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

<sup>1</sup>Regular staff with eligible appointments of 75% FTE or greater may enroll for up to 10 credit hours per academic term.

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.

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**Authorization:**

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

Employee Signature	Date
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*We approve this revised work schedule.*

Supervisor Signature	Date
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Employing Unit Head Signature	Date
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**Maintain a signed copy of this form in the employee's personnel file**