EMPLOYEE CLASS REQUEST AUTHORIZATION

Step 1
Date Of Request ___________________________ Academic Year __________________________

Employee Name ___________________________ Semester:     Spring      Summer      Fall (circle one)

Department ___________________________ Date Of Employment __________________

Class Attending ____________________________________________________________________________

Please Circle The Class Schedule 1 3 5 or 2 4 6     Time ___________________________

Current Work Schedule ______________________________________________________________________

Schedule To Make Up Lost Time ______________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

______________________________  __________________________________________
Supervisor Signature                         (Date)    Employee Signature     (Date)

______________________________
Vice President/Provost Signature                 (Date)

*  *  *  *  *  *  *  *  *  *  *  *  *

Step 2

This Form Must Be Returned To The Human Resources Office Before You May Begin The Registration Process

I Confirm That The Employee Named Is Qualified To Enroll In Class

________________________________________________________         ____________________
Human Resources Signature                                                                            (Date)

Step 3

Class Verification From The Registrar’s Office

________________________________________________________         ____________________
Registrar’s Office                                                                               (Date)

Step 4
Return completed form to the Human Resources Office
Copy to appropriate Student Accounts Office 03/03