

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)
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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