



EDUCATION LEAVE REQUEST FORM

Employee Name: _____ Date: _____

Department: _____ Position: _____

Paid education leave is for class time only. I hereby request approval for paid education leave for:

Post-Secondary Edu. Institute: _____

Program Name: _____

Course Name(s): _____

Course Dates: _____ Course Time(s): _____

Total Number of Anticipated Credits* _____ Per (check one): ☐ Quarter ☐ Semester

*Per policy, time off with pay shall not exceed 9 quarter credit hours or 6 semester credit hours per fiscal year.

(Employee Signature)

Date

TO BE COMPLETED BY THE SUPERVISOR:

☐

APPROVED

☐

DENIED

Comments/ reason(s) for denial:

(Supervisor Signature)

Date

Please submit the completed form to the Human Resource Department for final approval

TO BE COMPLETED BY HUMAN RESOURCES:

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APPROVED

☐

DENIED

Comments/ reason(s) for denial:

(HR Signature)

Date