

**60.09 - Attachment 1  
Employee Request to Enroll in Classes During Working Hours**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employing Department

\_\_\_\_\_  
Employee SS#

\_\_\_\_\_  
Semester of Attendance

**Courses Requested During Normal Work Hours:**

| Course      | Days | Meeting Times | Hours off Work |
|-------------|------|---------------|----------------|
|             |      |               |                |
|             |      |               |                |
|             |      |               |                |
|             |      |               |                |
| Total Hours |      |               |                |

**Hours off work will be made up as follows:**

| Days                | Time | Hours Made Up |
|---------------------|------|---------------|
|                     |      |               |
|                     |      |               |
|                     |      |               |
|                     |      |               |
| Total Hours Made Up |      |               |

**Employee Certification:**

I hereby certify that I have read and understand the System Regulations and University Administrative Procedures governing employees registering as students. I understand that my primary obligation is to my job and I will ensure that my attendance in classes during my regular work hours will be made up during the days and time stated above. I understand that failure to abide by the above commitment may result in disciplinary actions, as outlined in **University Administrative Procedure 60.09**.

\_\_\_\_\_  
Employee Signature

**Department Head Approval:**

\_\_\_\_\_

