

## Employee Request to Enroll in Classes During Working Hours

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

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

\_\_\_\_\_  
Employee UIN #

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

### Course(s) requested during normal work hours:

Course	Days	Meeting Times	Hours off Work
Total Hours			

### Time absent from work to attend approved course(s) will be made up as follows:

Day	Time	Hours Made Up	Make Up Method (Additional Hours, Compensatory Time, Vacation Time)
Total Hours Made Up			

### Employee Certification

I hereby certify that I have read and understand System Regulation 31.99.01 and University Administrative Procedure 31.99.01P0.01 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 times stated above. I understand that failure to abide by the above commitment may result in disciplinary actions.

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

\_\_\_\_\_  
Date

☐

Approved

☐

Dissapproved \*Reason: \_\_\_\_\_

\_\_\_\_\_  
Department Head / Supervisor Signature

\_\_\_\_\_  
Date