## REQUEST TO ATTEND CLASS DURING NORMAL WORKING HOURS

## Instructions

This form must be approved by your supervisor as well as the Senior Officer of your Department. Please attach this approved form to your Tuition Assistance Application and forward both documents to the Human Resources Office. Your tuition assistance will not be approved if this this form does not accompany your application.

## **Section 1: To Be Completed by Employee**

Name:			Date:
am requesting superviso	ory approval to attend the cla	ss listed b	elow during normal working
hours.	,		-
Name of Course	Scheduled Day(s)		Scheduled Time(s)
The reason for taking this	s course during workday is as	follows:	
	b will be made up as follows:		
Lunch Hours	Vacation Time		Other
Section 2: To Be Comple	eted by Supervisor		
Supervisor Name	Approval	Approval Supervisor Signature	
	☐ Yes ☐ No		
Section 3: To be Comple	eted by VP/Officer		
VP/Officer Name	Approval	VP/Of	ficer Signature
	☐ Yes ☐ No		