

Request for class form

Below is the form to be completed by the employee and returned to the education department when requesting a class not provided by our organization.

Name _____

Class Title _____

Instructor _____

Class Hours _____

Dates / Location _____

How will this class improve your job performance?

After Attending, do you think you may be able to teach a 2-hour seminar so others may benefit?

Yes

No

What is your request?

Employee Signature _____

REVIEWED BY:

1. _____
2. _____
3. _____

1. Reimbursement for class cost approved
2. Paid for hours attending approved
3. Lodging reimbursement approved
4. Not Approved