Name __________________________________________ Work Location ________________________________

Job Title ______________________________________ Branch ________________________________________

<table>
<thead>
<tr>
<th>Course Requested</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days/Hours</td>
<td>Units</td>
</tr>
</tbody>
</table>

State objective (why you wish to take the course), i.e., new skill development, refresher course, progress toward A.A. degree, etc.:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How would taking this course contribute to increasing your value as an employee of the District?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What previous education or experience do you have that gives you the background necessary to be successful in the course requested?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What adjustments would be necessary in your scheduled work hours to accommodate this request? (Up to 3 hours of release time per week may be authorized. If additional hours are required, please indicate how these hours would be scheduled.)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Employee Signature __________________________ Date ________________

Supervisor’s comments and recommendations: ________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Supervisor’s Signature _________________________ Date ________________

Action Taken: ☐ Approved ☐ Denied Comments ________________________________________________

________________________________________________________________________________________

Signature __________________________ Date ____________________

Director, Human Resources __________________________

Rev. 9/92 White: Human Resources Canary: Payroll Pink: Employee