



## Policy 2.6.10 Employee Fee Reimbursement

### REQUEST FOR COURSE ENROLLMENT DURING REGULARLY SCHEDULED WORK HOURS

Policy guideline pertaining to employee fee reimbursement are described in Policy 2.6.10. The complete policy is available at <http://www.cotc.edu/depts/HR%20Policies/2.6.10.pdf>.

**This request form must be completed prior to course registration for the term for which the permission is sought.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_ email \_\_\_\_\_ Department \_\_\_\_\_

Term and Year I Am Requesting Enrollment During Work Hours:  Autumn  Winter  Spring  Summer Year: \_\_\_\_\_

**List all the courses you are requesting to take during your regularly scheduled work hours:**

| Course # | Course Title | Credit Hours | Days Scheduled | Time Scheduled |
|----------|--------------|--------------|----------------|----------------|
|          |              |              |                |                |
|          |              |              |                |                |
|          |              |              |                |                |
|          |              |              |                |                |

Describe below how your work schedule will be modified to accommodate the time necessary to take the above course(s) (e.g. days and times of flexible work schedule, vacation time, comp time (non-exempt staff only), etc.), so that taking courses will not interfere with the performance of job duties and responsibilities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization:**

*We have discussed the above work schedule to accommodate my course schedule.*

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

**Authorization signatures:**

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Director/Manager (person reporting to a vice president or president, excluding VPs) \_\_\_\_\_ Date \_\_\_\_\_

Executive Leadership (vice president or president) \_\_\_\_\_ Date \_\_\_\_\_