

## EMPLOYEE EDUCATION BENEFITS AUTHORIZATION

Full Name \_\_\_\_\_ Student ID Number or SSN \_\_\_\_\_

Department \_\_\_\_\_

I hereby request authorization to enroll part-time during the \_\_\_\_\_ semester, 20\_\_\_\_,  
in \_\_\_\_\_ course(s) for \_\_\_\_\_ credits.

Enrollment will not interfere with my regular working hours and responsibilities. I understand that if this request is approved, a maximum of eight credits per semester may be taken (tuition free) during off-duty hours. All fees and other charges are to be paid in full and presented with this approved authorization form at the time of registration.

Once you've completed the form, please **print, sign, then submit to Human Resources via interdepartmental mail.**

Employee's Signature

Date

Supervisor's Signature

Date

### HUMAN RESOURCES USE ONLY

Approved

Human Resources Authorization

Not Approved

Date

### OFFICE OF FINANCIAL AID USE ONLY

Amount

Initial

Date

### BUSINESS OFFICE USE ONLY

Account Number

Initial

Date

cc: Financial Aid  
Human Resources