



To: **Director of Human Resources** (Check One) **Fall** _____
Summer _____
Spring _____
Date of Request _____

From: _____
(Employee Name)

(Department)

I request permission to take the following courses and agree to conform with established CUNY guidelines. I am aware that I may take courses only during the period 11:45 – 2:15 and that appropriate deductions will be made from my Annual Leave Balances as outlined in the above mentioned CUNY guidelines. I am also aware that I may not alter my work schedule in order to enroll in courses without prior written approval from my supervisor and the Director of Human Resources. I recognize that my primary responsibility is the performance of full time duties to which I am assigned.

LIST ALL COURSES INCLUDING THOSE COMMENCING BEFORE OR ENDING AFTER NORMAL WORK DAY

<u>SECTION #</u>	<u>DESCRIPTIVE TITLE</u>	<u>CYCLE</u>	<u>DAYS OF WEEK</u>	<u>TIME DURATION OF COURSE</u>	<u>CREDIT WEIGHT</u>	<u>APP. PERS.</u>
1.						
2.						
3.						
4.						
5.						

(CONTINUE ON REVERSE IF MORE SPACE IS NEEDED)

	_____ DATE	_____ EMPLOYEE SIGNATURE
APPROVAL OF SUPERVISOR	_____ DATE	_____ DEPARTMENT /CHAIRPERSON OR SUPERVISOR SIGNATURE
____ YES ____ NO		
APPROVAL OF HUMAN RESOURCES DIRECTOR:	_____ DATE	_____ DIRECTOR OF HUMAN RESOURCES SIGNATURE

DEDUCT _____ FROM ANNUAL LEAVE BALANCES

POSTED _____

WAIVER LETTER SENT _____

FAILURE TO SUBMIT THIS FORM ALONG WITH PROOF OF REGISTRATION FOR ALL COURSES MAY RESULT IN YOUR NOT BEING ISSUED A WAIVER OF TUITION AND FEES LATER.