



EMPLOYEE AUTHORIZATION FOR EDISON STATE COLLEGE TUITION SCHOLARSHIP

All employees taking classes must obtain their supervisor's signature on this form. It is the supervisor's responsibility to ensure that the employee is not being placed in a position where there may be a conflict of interest (i.e. proctoring exams, handling evaluations, signing off on paperwork of faculty from whom they are taking classes, etc.) and to make appropriate adjustments to prevent such conflict. Copy of class registration must be attached.

THIS REQUEST MUST BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES FOR APPROVAL

Employee's Name (PLEASE PRINT) @ Employee's Banner # Date

Employee's E-mail Address Employee's work schedule:

Employee is: Full-time Regular Employee Part-time Regular Employee

Are these classes scheduled during employee's normal work hours? YES NO

School Year 20 /

Fall Spring Summer Credit or Continuing Education

Employee Signature Supervisor Signature

Date Date

OFFICIAL USE ONLY

Employee's Current DOH: Course Schedule Received
Requested: Approved: Remaining for Academic Year:
Fall Spring Summer in the 20 / academic year.
HR Representative Signature Date

Total for Credit Classes: \$ Total for Non-Credit Classes: \$
Finance Representative Signature Date

