

Faculty and Staff Tuition Assistance

Request for Course Enrollment During Regularly Scheduled Work Hours

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

SECTION 1: EMPLOYEE INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID# (required)
Daytime Phone Number	Email Address		
Semester and year I am requesting course enrollment during work hours	Department	College/Unit	

SECTION 2: COURSE INFORMATION

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

Department Name	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.

SECTION 3: AUTHORIZATION

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

Employee Signature _____
Date

We approve this revised work schedule.

Supervisor Signature _____
Date

Employing Unit Head Signature _____
Date

Maintain a signed copy of this form in the employee's personnel file.