



Employee Course(s) Clearance Form

Name: _____ SSN: _____ - _____ - _____ LCC ID#: _____

Department of Employment: _____ Supervisor: _____

Semester: Fall 20____ Spring____ Summer_____

NOTE: Per LCC policy, regular full-time / part-time permanent employees are allowed a maximum of 5 / 2.5 hours per week respectively, to attend class during working hours. When taking a course, consideration should be given to the continuing efficient operation of one's job and departmental needs during scheduled work hours. Part-time employees are eligible for tuition waiver of up to eight hours for Fall and Spring semesters and four hours during the Summer. Fees are not waived. **Note:** Dependent Waiver does not apply to part-time employees.

Requested Course(s):

<u>Course#</u>	<u>Section #</u>	<u>Credit Hours</u>	<u>CourseTitle</u>	<u>Days</u>	<u>Time</u>

In addition to the above course(s), will you be enrolling in courses at another college or university? ___Yes ___No

....if yes, will you be attending during your regular working hours? ___Yes ___No

Number of hours per week you will be taking leave from work to attend classes: _____ hours per week **(12.5.5.1)**

Will you be Auditing the course(s) listed above? ___Yes ___No ...if yes, submit Audit Request to LCC Registrar.

How is (are) these course(s) related to your work (12.5.5.2): _____

Employee Certification / Authorization

By my signature below, I agree that I will abide by the Educational Leave policies established by the LCC Employee Handbook. I understand once I am registered I **must** present this approved document to the Fiscal Office for financial clearance to avoid disenrollment from my course(s).

Employee

Date

Administrative Use Only

___ Approved

___ Denied

___ Approved

___ Denied

Supervisor

Date

Human Resource Director

Date

Fiscal Office Use Only

Cleared by: _____

Date Cleared: _____