



**APPLICATION FOR SUBSIDIZED
EDUCATION LEAVE**

EMPLOYEE NAME	EMPLOYEE ID #
EMPLOYMENT LOCATION	JOB CLASSIFICATION
WORK ADDRESS	WORK PHONE
PRESENT DUTIES (Attach additional pages if necessary)	RELATIONSHIP OF CLASS TO CURRENT JOB DUTIES
SCHOOL/INSTITUTION (Name and Address)	DEGREE PROGRAM (BS, BA, MS, MA, PhD, etc.)
SEMESTER:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER
AMOUNT OF SUBSIDY REQUESTED: \$ _____ or _____ % of current salary	
EMPLOYEE'S SIGNATURE	DATE

SUPERVISOR'S RECOMMENDATION	
<input type="checkbox"/> APPROVED - AMOUNT OF SUBSIDY \$ _____ <input type="checkbox"/> MODIFIED - AMOUNT NOT TO EXCEED \$ _____ <input type="checkbox"/> DISAPPROVED	
REASONS/JUSTIFICATION:	
SUPERVISOR'S SIGNATURE	DATE

APPOINTING AUTHORITY'S RECOMMENDATION (provide reasons/justification):	
<input type="checkbox"/> APPROVED - AMOUNT OF SUBSIDY \$ _____ <input type="checkbox"/> MODIFIED - AMOUNT NOT TO EXCEED \$ _____ <input type="checkbox"/> DISAPPROVED	
APPOINTING AUTHORITY'S SIGNATURE	DATE



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SELECTION COMMITTEE DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
REASONS/JUSTIFICATION:		
SELECTION COMMITTEE CHAIRPERSON'S SIGNATURE	TITLE	DATE
DEPARTMENT APPROVAL SIGNATURE		DATE