



Release Time for Training Request

Name: _____ Employee ID #: _____

Position Title: _____

Department: _____ Location: _____

Course Requested: _____ Semester: _____

Days/Hours*: _____ Units: _____

Institution Attending: _____

*Must attach a copy of class schedule.

State objective (why you wish to take the course), i.e., new skill development, refresher course, progress toward degree, etc:

How would taking this course contribute to increasing your value as an employee of the District?

What previous education or experience do you have that gives you the background necessary to be successful in the course requested?

Employee Signature: _____ Date: _____

Supervisor's Comments and Recommendations:

Supervisor Signature: _____ Date: _____

Human Resources Recommendation: Approve Deny

Human Resources Comments:

Director, Human Resources Signature: _____ Date: _____