REQUEST FOR FACULTY/STAFF EDUCATION BENEFITS

_____Fall Semester _____Year _____Undergraduate

_____Spring Semester _____Year _____Graduate

Name _____SSN _____
First *MI* *Last*

Email_____Position:_____
Department_____ Date of Hire:_____

Major Course of Study (If Any)_____

Title of Course Requested _____ Section:_____

Course#:_____ Credit Hrs.:_____ Days & Hrs.:_____

PLEASE EXPLAIN HOW THIS COURSE RELATES OR WILL RELATE TO YOUR JOB ASSIGNMENTS WITH THE UNIVERSITY:

_____

_____

_____

"I understand that a maximum of one (1) course each semester may be taken at no cost. The subject must be related to my work, or work I will perform in the future at Xavier University of LA. I understand that attendance during class times is mandatory; unless specifically exempted by my immediate supervisor. This may be due to work or other unavoidable circumstances. Successful completions of this course in no way guarantees my salary or job advancement with the University".

_____ _____
Employee Signature *Date*

APPROVALS

_____ ____Approved ____Not Approved
Immediate Supervisor Signature

_____ ____Approved ____Not Approved
Dean/Administrative Director /V.P. of Department Signature

RETURN COMPLETED FORM TO HUMAN RESOURCES * XAVIER SOUTH, ROOM 410

_____ _____
Director to Human Resources Signature *Date*

_____ _____
Fiscal Officer Signature *Date*

Remission Amount: $_____ ._____