

## SOUTHWEST VIRGINIA COMMUNITY COLLEGE Continuous Learning Program Request Form

Employee Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

Emplid: \_\_\_\_\_

Semester: \_\_\_\_\_

Original Appt/Hire Date: \_\_\_\_\_

Position Number: \_\_\_\_\_

Course Number (ex. ITE 127.01)	Course Title	Class Number	Sem. Hours	Dates (from-to)

*\*Credits not to exceed 6 credit hours per semester*

*\*If the class is identified as a shared service class, employee maybe responsible for partial payment. If you have questions, please contact Human Resources.*

*\*Please see the Cashier's Office to make payment for any books/materials/fees associated with these courses.*

**After Hours Study**

**During Hours Study**

Time study is to be pursued (days of week, time):

Justification:

Date of Request: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

- I understand that signing this request to take classes offered by this program at SWCC means attending class, completing assignments, tests, and other required assignments to complete the class. I also understand that no employee will be paid overtime for hours of class attendance. I further understand that I am responsible for the cost of books (including digital/electronic books) and other materials/fees relating to these courses.

Supervisor Approval: \_\_\_\_\_

- I understand that the above named employee will be required to be away from his/her work station for the time listed above. I will not interrupt class in any way or limit his/her attendance.

Area VP Approval: \_\_\_\_\_

**RETURN ORIGINAL TO HUMAN RESOURCES**