UNIVERSITY OF LOUISIANA AT LAFAYETTE
University Approved Training Courses Application
Classified Staff

ALL CLASSIFIED EMPLOYEES taking University Approved Training Courses must complete and submit this form to the Human Resources Office, Room 170, Martin Hall. You must be admitted to the University before completing this form. This form must be completed EACH semester prior to registering for any University Approved Training Course. **YOU CAN ONLY TAKE ONE THREE HOUR COURSE DURING YOUR REGULAR WORK SCHEDULE. If you change your schedule after this form is completed, a new revised form must be submitted to the Human Resources Office.**

Employee's Name _____ CLID# _____ Email Address _____

Employee's Signature _____ Work Location/Building _____

Employee's Title _____ Department _____ Work Phone # _____

COURSE REGISTRATION:

Semester _____ Course Name _____

Course Number _____ Days/Week _____ Time _____ Credit Hours _____

WORK SCHEDULE:

____ I recommend the above mentioned employee be permitted to schedule the above course as requested.

____ Request to attend the course described above is denied due to the following reason(s).

_____

_____

Supervisor Signature _____ Date _____

Department Head Signature _____ Date _____

Vice President Signature _____ Date _____

****This section is to be completed by the Human Resources Department.****

ELIGIBILITY VERIFICATION:

Is this an approved university training class? Yes No

Does the employee have permanent status? Yes No Permanent Status Date: _____

Human Resources Officer Signature _____ Date _____