



**Classified Employees Extended Education
Request for 50% Fee Reduction**

NAME _____ EMPLOYEE ID# _____

(PLEASE PRINT)

POSITION TITLE _____ DEPT _____

I hereby request to take the following extended education course at a 50% fee reduction:

EMPLOYEE SIGNATURE

DATE

HUMAN RESOURCES

DATE

- 1. Employee must complete this form prior to submitting to Human Resources
- 2. Must be signed by a staff member of Human Resources before submitting to Extended Education