

EASTERN ILLINOIS UNIVERSITY

REQUEST FOR JOB-RELATED COURSE

EMPLOYEE NAME: _____ E-Number: _____

DEPARTMENT/ORGANIZATION: _____ % OF EMPLOYMENT: _____

SEMESTER: _____ COURSE MEETS ON: _____

COURSE TITLE AND NUMBER: _____ SEMESTER HOURS _____

TIME AND LOCATION OF COURSE: _____

CONTINUING ED. COURSE: YES ____ NO ____ GRADUATE COURSE: YES ____ NO ____

**** A separate request must be submitted for each course**

COURSE DESCRIPTION:

JUSTIFICATION:

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED ____ DISAPPROVED ____ BY _____ DATE: _____

Supervisor

APPROVED ____ DISAPPROVED ____ BY _____ DATE: _____

Fiscal Agent

****STOP****

SUBMIT FORM TO BENEFIT SERVICES, 2031 OLD MAIN, FOR EVALUATION AND FINAL APPROVALS

FOR OFFICE USE ONLY

APPROVED ____ DISAPPROVED ____ BY _____ DATE: _____

Benefits Manager

APPROVED ____ DISAPPROVED ____ BY _____ DATE: _____

Dir. Of Human Resources

APPROVED ____ DISAPPROVED ____ BY _____ DATE: _____

VP of _____

* For additional information concerning educational benefits for Civil Service Employees, contact Benefits Services at 581- 5825 or consult the Board of Trustees Civil Service Employees Rules and Regulations.