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REQUEST FOR CONTINUING EDUCATION UNITS

NAME:	POSITION:
DEPARTMENT:	EXTENSION:
DATE OF EMPLOYMENT:	BI-WEEKLY BUDGETED HOURS:
TITLE OF INSTITUTE / WORKSHOP / SEMINAR (Please attach a copy of the flier, promotional sheet or agenda):	
DATE & TIME:	COST:
LOCATION (City / State):	SPONSORED BY:
HOW WILL YOU APPLY CONCEPTS LEARNED DURING THIS PROGRAM TO YOUR AREA OF RESPONSIBILITY?	
AMOUNT REQUESTED UNDER TUITION ASSISTANCE PROGRAM (Check One): <input type="checkbox"/> FULL-TIME Employee - (Maximum \$200 / Year) <input type="checkbox"/> PART-TIME Employee - (Maximum \$100 / Year) (Group 2 Employees)	
I UNDERSTAND THAT TO PARTICIPATE IN THIS SEMINAR, I MAY BE REQUIRED TO USE HOURS FROM EARNED AND ACCRUED ANNUAL LEAVE OR HOLIDAY BALANCES. VACATION: _____ HOLIDAY: _____ <i>INDICATE NUMBER OF HOURS (HOLIDAY HOURS MUST BE TAKEN IN 8 HOUR INCREMENTS)</i>	

UNLESS OTHERWISE SPECIFIED, THE CHECK WILL BE MADE OUT TO THE SPONSORING ORGANIZATION.

EMPLOYEE SIGNATURE

DATE

CHECK APPROVAL:

MAKE CHECK PAYABLE TO:
DEPARTMENT DIRECTOR APPROVAL:

CHARGE TO DEPARTMENT: HUMAN RESOURCES EDUCATION

DEPARTMENT CODE: 8951 - 4150

ORIGINAL FORM - Accounts Payable

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