



Nunez Community College

Application for Education Leave

Please print and fill in completely

Name:

LastFirstMiddle/Maiden

Social Security NumberDate of Birth

Department/Division:

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic Affairs | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> Business Affairs |
| <input type="checkbox"/> Institutional Advancement | <input type="checkbox"/> Computer Services | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Human Resources | | |

Position: _____

Courses/times requested (Please note that you are only eligible for three hours of leave per week):

Institution	Course	Days of the Week	Time

Signature of Employee**Date**

Approvals:

Approval of Immediate Supervisor**Date**

Approval of Chancellor**Date**

Denials:

Denial by Immediate Supervisor**Date**

Denial by Chancellor**Date**

Reasons for Denial (if applicable):

For Human Resources use only: Date this application was received: _____
 Date signed copy was forwarded to employee and department by HR: _____