

EXHIBIT C

REQUEST FOR EDUCATIONAL LEAVE

Name of Employee: _____ Date: _____

Department/Title of Position: _____

Title of Course/Training: _____

Agency/Institution Providing the Course/Training: _____

Brief statement of the purpose of the course/training:

Dates and times of the training: _____

Note: Upon approval, documentation must be provided to the immediate supervisor to demonstrate the registration for the course/training. Documentation must also be submitted to the immediate supervisor to show completion of the course/training and be recorded in the "PD Planner."

Approval date: _____

Supervisor signature/date: _____

Employee signature/date: _____

Reasons for denial:

Date: _____

Supervisor signature/date: _____

Employee signature/date: _____