

****Submit this form to Supervisor at least 15 days prior to the 1st day of the requested semester/session.****



EMPLOYEE REQUEST FOR EDUCATIONAL LEAVE TO ATTEND CLASS

Name of Employee

Campus/Division

Employee ID

Semester/Year

Campus/Site

Name of Institution:

Check one: Delgado Community College

Other (Specify) _____

Name(s) and Prefix(es) of Course(s):

Number of Credit Hours*:

**Note: Educational Leave may be granted for a maximum of three (3) clock hours to attend class for the approved course of study.*

Day and Hours of Class:

Explain how this course relates to your present position:

Signature of Employee

Date

Approvals:

Signature of Immediate Supervisor

Date

Signature of Intermediate Supervisor (if applicable)

Date

Signature of Vice Chancellor

Date