



## Request for Educational Leave

(Rev 09/25)

### Part A: Employee Information

Name:		ID #:	
Work Email:		Work Phone:	
Job Title:		Division:	
Supervisor:		Supervisor's Title:	

### Part B: Course Information

Term & Year:		College/Institution:		
Course Name:			Credit Hours:	
Begin Date:		End Date:		
Pursued Degree/Certification:				
I am requesting to use Educational Leave in accordance with LCTCS Policy #6.003: Leave for Unclassified Employees. I understand the maximum number of hours I may use per week is three (3), which shall be used for activities related to the above course or terminal degree project. I also understand Educational Leave may not be granted more than once for the same course of study.				
Employee Signature:			Date:	

### Part C: Supervisor Certification

Was last evaluation rating " <b>Meets Expectations</b> " or higher? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Supervisor's Signature:			Date:	

### Part D: Human Resources Certification

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Employed 1 year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Course certification received? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HR Personnel Name:		Title:	
HR Signature:		Date:	

### Part E: Approval Determination

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Denial Reason:			
Division Vice Chancellor				
Signature:			Date:	
Chancellor or Appointing Authority Designee				
Signature:			Date:	