

## REQUEST FOR APPROVAL OF TEACHING AND/OR TAKING CLASSES

Employee Name: Date:		
Department:	Semester/Year:	
TEACHING COURSES: List the title, credit hours, and meeting time of each cour	rse you are requesting to tead	ch this semester.
Course Title	<b>Credit Hours</b>	Days/Times
TAKING COURSES: List the title, credit hours, and meeting time of each cour	ese you are requesting to tak	e this semester.
Course Title	Credit Hours	Days/Times
If scheduled during the normal work day, I will make Be specific, giving days/times that hours will be made up		owing way:
What other compensated activities are you involved v	vith that might take time a	way from your job?
I certify that the above information is accurate, and that the with my full-time duties and responsibilities at Jefferson the above request must be approved by my supervisor.		
Employee Signature:	Date:	
☐ Request Approved ☐ Request Denied		
Supervisor Signature:	Date:	
Dean Signature:	Date:	