



Nunez Community College

Application for Education Leave

Please print and fill in completely

Name:

LastFirstMiddle/Maiden

L NumberDate of Birth

Department/Division:

Academic Affairs Student Affairs Business Affairs
 Institutional Advancement Computer Services Facilities
 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	Start Date - End Date

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: _____