

Ozarks Technical Community College

REQUEST TO TAKE COLLEGE CLASS DURING WORKING HOURS

Under the provisions of OTC Policy 3.46(B), I request to take the following class during my normal work schedule.

I understand that permission may be granted only if it is determined that this course would assist me in the performance of my duties.

| <u>Course</u> | <u>Section</u> | <u>Title</u> | <u>Time</u> | <u>Days</u> |
|---------------|----------------|--------------|-------------|-------------|
| _____         | _____          | _____        | _____       | _____       |

Employee \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor \_\_\_\_\_ Date \_\_\_\_\_

Chancellor \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a typed summary of the reason to take this class during working hours.**