

**UNIVERSITY OF LOUISIANA AT LAFAYETTE**  
**University Approved Training Courses Application**  
**Classified Staff**

**ALL CLASSIFIED EMPLOYEES** taking University Approved Training Courses must complete and submit this form to the Human Resources Office, Room 170, Martin Hall. You must be admitted to the University before completing this form. This form must be completed EACH semester prior to registering for any University Approved Training Course. **YOU CAN ONLY TAKE ONE THREE HOUR COURSE DURING YOUR REGULAR WORK SCHEDULE. If you change your schedule after this form is completed, a new revised form must be submitted to the Human Resources Office.**

|                      |                        |               |
|----------------------|------------------------|---------------|
| Employee's Name      | CLID#                  | Email Address |
| Employee's Signature | Work Location/Building |               |
| Employee's Title     | Department             | Work Phone #  |

**COURSE REGISTRATION:**

|               |             |      |              |
|---------------|-------------|------|--------------|
| Semester      | Course Name |      |              |
| Course Number | Days/Week   | Time | Credit Hours |

**WORK SCHEDULE:**

\_\_\_ I recommend the above mentioned employee be permitted to schedule the above course as requested.

\_\_\_ Request to attend the course described above is denied due to the following reason(s).

\_\_\_\_\_

\_\_\_\_\_

|                           |      |
|---------------------------|------|
| Supervisor Signature      | Date |
| Department Head Signature | Date |
| Vice President Signature  | Date |

**\*\*This section is to be completed by the Human Resources Department.\*\***

**ELIGIBILITY VERIFICATION:**

Is this an approved university training class?    Yes    No

|                                   |      |
|-----------------------------------|------|
| Human Resources Officer Signature | Date |
|-----------------------------------|------|