

KANSAS STATE UNIVERSITY
EDUCATIONAL AUTHORIZATION FORM

(To be completed only by full-time classified employees for classes taken during work hours)
(Please print or type)

NAME: _____ DEPARTMENT: _____

COURSES ARE BEING TAKEN FOR: _____ credit _____ audit _____

YEAR: _____ SEMESTER: _____ Fall _____ Spring _____ Summer _____

University or Community College	Course Number	Course Title (exact title as listed in catalog)	Class Day and Time

I certify that I am a full-time classified employee, and have completed one year of continuous employment with the University.

EMPLOYEE SIGNATURE

DATE

DEPARTMENTAL APPROVAL

_____ A. Employee will make up work.

_____ B. Employee will use compensatory leave, vacation leave, or leave without pay for time away from work.

APPROVED:

SUPERVISOR

DATE

DEPARTMENT HEAD/DEAN/DIRECTOR

DATE

When completed and signed by the employee, supervisor, and department head/dean/director, one copy of this form is to be provided to the employee, one copy is to be retained by the supervisor, and one by the department, dean, or director's office. An optional fourth copy may be submitted to the Division of Human Resources to become part of the employee's official personnel record.