

CONTINUING EDUCATION

REQUEST FOR COURSE APPROVAL & TUITION PAYMENT/REIMBURSEMENT

Employee Name: _____ Position: _____

Supervisor: _____ Date: _____

Request for: _____ Home-Study Course
 _____ Semester/Quarter Course
 _____ One day seminar/training program
 _____ Other (specify)

Course/seminar title & number: _____

Brief course description:

Reason for taking this course: (Briefly explain how it will benefit you and AGIA)

Date & time course begins: _____

Date & time course ends: _____

Total course hours: _____

Will you be attending this course during your regular work hours?

_____ No _____ Yes-----Total number of hours _____

School/organization sponsoring course: _____

Course location: _____

Is this course part of a degree program for you?

_____ No _____ Yes

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Costs:

Course tuition/registration: _____

Books/materials: _____

Other (specify): _____

Receipts for above expenses and evidence of satisfactory completion of semester or quarter courses (grade of B or better or "pass" if on a pass/fail system) are required for reimbursement. If the cost of books are reimbursed by the company, they become company property.

Other pertinent information:

THIS FORM MUST BE COMPLETED BY THE EMPLOYEE AND APPROVED BY MANAGEMENT BEFORE ATTENDING THE COURSE.

Employee signature: _____

Date: _____

Supervisor's recommendations & comments:

_____ Approved _____ Disapproved

Signature: _____

Date: _____

Next level of management's recommendations & comments:

_____ Approved _____ Disapproved

Signature: _____

Date: _____

Human Resources' recommendations & comments:

_____ Approved _____ Disapproved

Signature: _____

Date: _____
