



Staff Development Form

REQUEST FOR AUTHORIZATION TO ATTEND CONTINUING EDUCATION CLASSES

Name: _____ Date: _____

Check one: ___ CSU Employee ___ Board of Regents Employee ___ CSU Cont. Ed. Instructor

Department (if a CSU Employee): _____

- Staff Council funds have been requested. See attached copy of request form. (Must be professional development.)
- I will personally be responsible for payment.

Phone: _____ Email Address: _____

I request permission to attend the Continuing Education course(s) listed below:

COURSE NUMBER	COURSE TITLE	LOCATION	DATE & TIME	STAFF FEE

Clayton State University Center for Continuing Education shall provide staff development training to employees of Clayton State University and the Board of Regents, by allowing these employees to take continuing education courses at a reduced rate. All full-time faculty and staff employed at least 6 months with Clayton State University and the Board of Regents may attend job related Continuing Education courses at a reduced registration fee on a space available basis. However, the employee is responsible for covering the cost of texts, material and other supplies, if required. If course is conducted during employee’s regular work hours, this request must be approved by the employee’s immediate supervisor. Forward form to the Center for Continuing Education department for approval and placement on the waiting list for course. **Please contact Continuing Education at ext. 5118, 24 hours before the first class session to verify space availability and approval.** Please note that, if the class is full, the request will not be approved.

Employee Signature _____
Date

Supervisor / Program Manager Signature _____
Date

You may email this form to Program Manager at ce@clayton.edu or fax to (678) 466-5089.
Thank you!

FOR CONTINUING EDUCATION USE ONLY – Program Manager for requested course

Approved
Initial & Date

Declined
Initial & Date