

**SALEM STATE COLLEGE
PERMISSION TO ENROLL IN A COURSE DURING WORKING HOURS**

Employee Name: _____

1. Course number and title: _____

2. Class Period (days and hours): _____

3. Location and Instructor: _____

4. Reason for choosing this course: _____

5. What are your working hours? _____

6. What time is your meal break? _____

7. What changes will be made in your work hours to complete the tour of duty? _____

I understand that one course may be taken per semester during regular work hours. In changing my tour of duty (daily work hours), I have included the required minimum 30 minute meal break and sufficient time to travel to and from my work area to the class location. These adjustments allow for a complete tour of duty.

Signature of Employee

Date

*Approve _____

Disapprove _____

Signature of Immediate Supervisor

Date

*Approve _____

Disapprove _____

Signature of Director, Human Resources

Date

*Approval to enroll in a course does not guarantee acceptance into the course.

Distribution: Employee
Immediate Supervisor
Human Resources & Equal Opportunity
Payroll