

**COLLEGE OF COASTAL GEORGIA  
EMPLOYEE APPLICATION  
FOR ALTERNATE SCHEDULE**

This form is to be completed for employees attending classes during their standard working hours, even if classes are not taken at a University System of Georgia institution.

EMPLOYEE INFORMATION			
Last name:	First:	Middle:	Student ID #
Employee ID #			
Phone Number:	E-mail address:		Job Title:
Institution attending:	Academic Term/Year:		
Are you pursuing a degree:	If yes, indicate your degree program (Associate, Bachelor, etc.):		Area of Discipline (e.g. Math, Psychology):
<input type="checkbox"/> Yes <input type="checkbox"/> No			

REQUESTED COURSES			
Course Title (e.g., Intro to Business)	Course Name & No. (e.g. Math 1101)	Credit Hours	Class Days & Times (e.g., T & Th 1:30 – 2:45 pm)
1			
2			
3			

**Employee Certification:** My signature below certifies that the information provided is accurate and truthful. I understand that I must coordinate with my supervisor for time away from work to attend the courses listed that (may) interfere with standard working hours for my position.

**Here is the alternate schedule as discussed with my supervisor:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL & SIGN OFF		
<input type="checkbox"/> <b>I approve</b> this request and certify that the employee’s alternate schedule will not adversely affect departmental services nor cause undue hardship for other employees.		
<input type="checkbox"/> <b>I cannot approve</b> this request because:		
Supervisor’s Signature:	Supervisor’s Name (Print):	Date:
Department Vice President Signature:	Department Vice President Name (Print):	Date: