

PRE-APPROVAL REQUEST FORM
FOR POSITION-RELATED COURSES
(Please submit one request per course.)
(Return approved form to Director of GCCCD Auxiliary)

DATE: _____

NAME: _____

CREDIT COURSE TITLE: _____

COURSE NUMBER: _____

INSTITUTION NAME: _____

NUMBER OF UNITS: ____ COST: \$ _____

BRIEF DESCRIPTION OF COURSE CONTENT:

DESCRIBE THE BENEFIT THE DEPARTMENT WILL RECEIVE FROM YOUR PARTICIPATION IN THIS COURSE.

Signature of Requester

This area is for the use of the Supervisor or Manager

I HAVE RECEIVED AND REVIEWED THE POSITION-RELATED COURSE PRE-APPROVAL REQUEST.

I BELIEVE OUR PROGRAM WILL BENEFIT FROM THIS EMPLOYEE'S PARTICIPATING IN THE CREDIT COURSE IN THE FOLLOWING WAY:

I HAVE REVIEWED THE COURSE CONTENT AND HAVE FOUND THAT THE CONTENT IS JOB RELATED TO THE EMPLOYEE'S CURRENT POSITION. THE COST FOR THIS COURSE (limited to \$26 per unit) IS APPROVED, PER SECTION 3.6 OF THE AUXILIARY'S EMPLOYEE HANDBOOK (MAXIMUM \$26/UNIT FOR FEES INCURRED OR BOOK EXPENSES, UPON SUCCESSFUL COMPLETION OF COURSE).

Department Supervisor or Manager

Date: _____