



## FULL TIME EMPLOYEE TEACHING AUTHORIZATION

Employee's Name \_\_\_\_\_

1. I will be teaching the following course(s) during the \_\_\_\_\_ term:

Course No.	Course Title	Cr. Hrs.	Time	Days

2. Are course(s) taught during employee's working hours? \_\_\_ Yes \_\_\_ No  
If yes,

A. Total amount of time "lost" as a result of teaching a course during working hours:

\_\_\_\_\_ Hours per week

B. Specified times for making up "lost" time:

Day \_\_\_\_\_ Hours: From \_\_\_\_\_ to \_\_\_\_\_

Day \_\_\_\_\_ Hours: From \_\_\_\_\_ to \_\_\_\_\_

Day \_\_\_\_\_ Hours: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Cabinet Supervisor's Signature

After form is completed and approved by supervisors, please forward the original to The Office of Human Resources to be placed in the employee's personnel file.