



Office of Human Resources

Request for Approval Permanent Classified Staff to Teach

Employee: _____ Colleague ID: _____

Classified Position: _____

Requesting Dean: _____

Division Department: _____

Budget Code: _____

Course(s): _____

(A regular work schedule and schedule of instructional assignment must be attached)

Total Units: _____ Semester Requested: _____

Signature of Dean

Date

Signature of Supervising Instructional Manager

Date

Employee's Supervisor must: Approve OR Deny

Signature of Classified Supervisor

Date

Chief Human Resources Officer

Date

If request date is after the start date of the course, the request will be denied.