

Employee Discount Request Form



Employee Information



Name _____

Department _____

Phone Number _____

E-mail _____

Requested Course(s)

Course Name _____

Preferred Start Date _____

Course Name _____

Preferred Start Date _____

Approvals

Employee Signature _____ Date _____

Manager Signature _____ Date _____

Dept. Head Signature _____ Date _____

This approval is required for employees requesting to use departmental funds

Continuing Education Approval _____ Date _____

Budget Approval _____ Date _____