



EDUCATION LEAVE APPLICATION

City of Albuquerque Employee Learning Center

EDUCATION LEAVE POLICY

Education Leave is offered year round to any eligible employee. The following criteria must be met to qualify:

- Must have completed any probationary period and be working on a full time basis
- The course(s) must be of benefit to the City of Albuquerque
- Course(s) must be taken at an accredited institute of learning
- The courses being taken cannot be offered outside of the employee's regular work hours
- Employee must maintain satisfactory academic record and job performance
- The duration of leave shall not exceed three (3) hours

EMPLOYEE INFORMATION

Employee Name:

Employee ID #:

E-mail:

Department:

Division:

Grade:

Hire Date:

Work Phone:

Personal Phone:

Please check one for each of the questions below:

Work Status:	Classified	Unclassified		
Work Time:	Temporary	Part Time	Full Time	
Highest Degree Obtained:	High School	Associates	Bachelors	Masters
Normal Work Schedule	Days:	Hours:		

EDUCATION INFORMATION

Application for Term:	Spring	Summer	Fall	Year
Courses Applied Toward:	Skills Improvement	Associates	Bachelors	Masters
If degree program, expected completion date:				
Will you graduate after this class?:	Yes	No		

Please enter the information for the course(s) being taken below:

Institution:	Course Title:	Course Number:	Credits:	Class Hours

CERTIFICATION



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I am requesting Education Leave per section 401.9 and 502.2 of the Employee Handbook. I understand the maximum number of hours allowed is three (3) hours per week unless otherwise stated in my current collective bargaining agreement. I understand that all three department approval signatures are required to grant this leave. I understand that if requested I am to provide my supervisor with an official copy of my class schedule. I understand that this document must be delivered to the City of Albuquerque Employee Learning Center to finalize the Education Leave application.

I certify that the information provided in this application is accurate and truthful.

Employee Signature: _____ **Date:** _____

APPROVALS

Supervisor Signature: _____ **Date:** _____

Division Manager Signature: _____ **Date:** _____

Department Director Signature: _____ **Date:** _____

SUBMISSION

To finalize your application you must submit this complete application to the City of Albuquerque Employee Learning Center. You may submit the form by:

- Scanning the signed and completed form and emailing it to Employeelearningcenter@cabq.gov
- Faxing the signed and completed form to the Employee Learning Center at (505) 768-3295
- Deliver the signed and completed form to the Employee Learning Center in the basement of Old City Hall at 1 Civic Plaza

It is your responsibility to confirm that your application has been received. If you have any questions please contact the Employee Learning Center at employeelearningcenter@cabq.gov or call (505) 768-3200.