

EDUCATION LEAVE APPLICATION

City of Albuquerque Public Service University



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:		Div	vision:					
Grade:	Hire D		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 Improvemen		nt 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:	C	Course Title:		Course Number:	Credits:	Class Hours		
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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 Public Service University 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 Public Service University. You may submit the form by:						

- Scanning the signed and completed form and emailing it to publicserviceuniversity@cabq.gov
- Faxing the signed and completed form to the Public Service University at (505) 768-3295
- Deliver the signed and completed form to the Public Service University 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 Public Service University at publicserviceuniversity@cabq.gov or call (505) 768-3200.