## Cleveland State University

## **CONTINUING EDUCATION Staff Development Program**

Emplo	yee			CS	SU ID#
Permit Addres		Fi	rst	MI	
Auure	Number	St	reet	City Sta	ite Zip
Depart	ement	C	ampus Phone		mester year
<u>CHEC</u>	This person is appointed to a benefits are being applied, an			CTIVE status as of the fi	rst day of the semester for which
<ul> <li>This person is appointed to a part-time position regularly scheduled to work 20 or more hours/week and in ACTIVE status as of the first day of the semester for which benefits are being applied, and is eligible for Staff Development Program benefits. (Note: Benefit is NOT available to Lecturers/Adjuncts)</li> <li>This person is an eligible RETIREE (An eligible retiree is one who retires from Full-time active service after at least 5</li> </ul>					
Ш	This person is an eligible <b>RE</b> years of service). Obtain signature				
CHECK ONE:  Course(s) will be taken during <u>UNPAID</u> time and will not conflict with regular responsibilities.  Course(s) are currently unavailable during non-working hours. In management's judgment, the course will contribute significantly to the maintenance and improvement of job performance. The employee may be excused total hours with pay to attend ONE course.					
COLL	LEGE OFFERING CE COURSE				
	Business prodev.business@csuohio.edu		COA&S classce@csuohio.ed	<u>u</u>	JerOnline Courses wkfcedev@csuohio.edu
	COHP coshpce@csuohio.edu Education cecasal@cuohio.edu		Ed2Go Courses prodev.business@cs Engineering n.pratt@csuohio.edu		DEI Certificate wkfcedev@csuohio.edu ESL eslce@csuohio.edu
	Health and Human Performances cehperd@csuohio.edu		Law cle@law.csuohio.ed	lu.	Nursing cenursing@csuohio.edu
	Recreation Center m.m.rieger@csuohio.edu		Teaching Academy n.pratt@csuohio.edu		Urban levinadmin@csuohio.edu
List only those courses being taken under the CONTINUING EDUCATION Staff Development Program  8 CREDIT HOUR (IN-STATE UNDERGRAD) EQUIVALENT MAXIMUM  *EMPLOYEE IS RESPONSIBLE FOR ANY CHARGES OVER LIMIT*					
	Course Name	S	tart Date	Days & Hou	ırs Price
		1		_	

By my signature below, I attest that my enrollment for the above mentioned semester does not exceed the 8 credit hour (or equivalent) combined maximum limit for CE + credit based courses. I understand that any overage will be billed to my student account with the University.

FACULTY/STAFF MEMBER SIGNATURE DATE CHAIRPERSON, DEAN, DEPARTMENT HEAD, HR<sup>1</sup> DATE