

CITY OF BRIDGEPORT REQUEST FOR COURSE ENROLLMENT FORM

Employee Name: _____ Union Affiliation: _____
 Home Address: _____

Department: _____ Employee Title: _____

I am requesting to take the following courses at _____
 University or College.

Employee Signature

Date

Course Title	Number of Credits	Tuition Cost and *Books	Approx Total Costs

These subjects are designed to increase my proficiency in my present or potential assignment by:

(To Be Filled In By The Labor Relations Director)

Approved

Disapproved

Director of Labor Relations

Date

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Once course(s) is completed, with a satisfactory grade (please see your union contract), submit all appropriate paperwork along with Tuition Reimbursement Form through the proper channels for reimbursement. Please be advised, if a course is dropped you must contact Marie in Labor Relations at 576-7610, so that the money is returned back into the funds.