



Continuous Learning Request Feedback Form

Immediate Supervisor: _____ Position: _____

Employee Name: _____ Employee #: _____

Date of Request: _____ Date of Form: _____

Campus: _____

What is the request?

Reason(s) for denying request:

Insufficient information provided.	
Learning activity does not meet employee's stated goals.	
Learning activity does not follow recommendations on CL Plan.	
Learning activity does not indicate follow-up plan.	
Learning activity completion date outside employee's contract term.	
Employee duties cannot be sufficiently covered.	
Budgetary	

Comments/ Recommendations:

Signature (Immediate Supervisor)

Date

I acknowledge receipt and discussion of this feedback with my Immediate Supervisor.

Signature (Employee)

Date