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