

# Cleveland State University

## CONTINUING EDUCATION Staff Development Program

<b>Employee</b>		<b>CSU ID#</b>			
	Last	First	MI		
<b>Home Address</b>					
	Number	Street	City	State	Zip
<b>Department</b>				<b>Semester &amp; year</b>	
	<b>Campus Phone</b>				

**CHECK ONE:**

- This person is appointed to a **full-time position 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.
- 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)**
- This person is an eligible **RETIREE** (An eligible retiree is one who retires from **Full-time** active service after at least 5 years of service). **Obtain signature from the Department of Human Resources AC 113).**

**CHECK ONE:**

- Course(s) will be taken during **UNPAID** 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.

Submit Completed form to [prodev.business@csuohio.edu](mailto:prodev.business@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	Start Date	Price

*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
		<sup>1</sup> Human Resources signs for retirees of the University	

Submit Completed form to [prodev.business@csuohio.edu](mailto:prodev.business@csuohio.edu) Rev. 8.8.2023