



PARTICIPATION FORM

FY16-17

To be completed by Employee

Employee Name	Student ID # (If currently taking classes at City College or SFSU)
Job Class & Title	City Department
Email	Work Phone

Course Title	Course Number	Institution (select one)	GYa Yghf or Start Date
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EMPLOYEE ACKNOWLEDGEMENT

I understand that participation in City University is voluntary and acknowledge the following terms of participation:

- If classes are held during my regularly scheduled work hours, class attendance is mandatory.
- No comp time or overtime will be given for class time scheduled outside of my regularly scheduled work hours.

Employee's Signature	Date
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To be completed by Supervisor (supervisor signature required for all employees)

<p>Student is a City & County of San Francisco employee</p> <p>I am familiar with the Use of City Resources Policy and approve the above-mentioned employee to complete a portion of the City University online class(es) during work hours. I consulted with my department's Information Technology Administrator and s/he has granted approval. (Check this box only if your employee is taking an online course and will be using a City computer during work hours.)</p>	
Supervisor Name (Print)	Supervisor's Signature
Phone	Email

Submit completed forms by email or interoffice mail:

<p>Email: Workforce Development: wd.dhr@sfgov.org</p> <p>Interoffice: Workforce Development Unit, Attn: City University #33 DHR 1 South Van Ness, 4th Fl. San Francisco, CA 94103</p>
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QUESTIONS?

Contact Workforce Development at wd.dhr@sfgov.org or 415.557.4840