



# PARTICIPATION FORM

FY17-18

**To be completed by Employee**

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

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

**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.

<b>Employee's Signature</b>	<b>Date</b>
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**To be completed by Supervisor** (supervisor signature required for all employees)

<p>Student is a City &amp; 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>	
<b>Supervisor Name</b> (Print)	<b>Supervisor's Signature</b>
<b>Phone</b>	<b>Email</b>

**Submit completed forms by email or interoffice mail:**

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

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