



Student Employee Learning & Growth Request Form
Please include course information with request

Employee Name (last, first middle)	Email @umail.ucsb.edu	Department
Title of Learning Event (Workshop/Webinar/Course)		
Date/s (inclusive)	Location	
Projected Time _____ (Hours)	Recommended by supervisor? _____	
Personal statement of expected benefits to job/library/self:		
I am requesting the aforementioned training be completed during paid work hours. By signing this request, I agree to submit a thoughtful reflection on the quality and value of this workshop/course.		
Employee Signature	Date	

Supervisor's Comments and Recommendations:	
Supervisor Signature	Date

Student Supervisors: Please submit fully approved form and course information to Brandyn Gibson in Library HR