

The Evergreen State College eLearning Application and Agreement Form

(To be submitted to Human Resources Services Lib3238 before start of any eLearning course)

Employee Name _____ **Employee I.D./ A #** _____

Position Title _____ **Department Name** _____ # _____

E-Learning Course Title/ _____

E-Learning Course Title/ _____

E-Learning Course Title/ _____

E-Learning Course Title/ _____

Estimate Start Date __ / __ / __ (dd/mm/yy)

Estimate End Date __ / __ / __ (dd/mm/yy)

Relevance of eLearning course/s to current position and employee development plan

Benefit of course/s to the employee and the organization

By my signature below, I understand and accept the responsibility for participation in and completion of The Evergreen State College eLearning program course specified above in accordance with the terms of this agreement. I further acknowledge my obligation to comply with the limit on work time hours allowed and authorized under this agreement for participation in the Evergreen eLearning program. Furthermore, I understand that only those course/s specifically authorized through this agreement by my supervisor will be accessed during my normal work schedule and considered time worked. I also acknowledge and agree with the terms of this agreement regarding my personal use of the State of Washington and The Evergreen State College eLearning network(ELN): I, _____ have requested to have access to the e-learning network outside of my normal work hours for my own personal benefit. I fully understand that my access of the ELN, outside of my normal work shift and hours, does not constitute time worked or obligate either my department or The Evergreen State College to pay overtime. The Evergreen State College’s approval of this application for my access to the eLearning network is for legitimate business reasons in accordance with the development and training plan authorized by my supervisor. I also acknowledge that the College is approving my personal use of the eLearning Network on my own time without additional costs to me during the time period of this agreement.

Employee Signature _____

Department _____

I hereby authorize _____ **to participate in the eLearning training course/s** _____ **during their work day for up to** _____ **Work Hours per week for** _____ **week/s in accord with this agreement.**

Supervisor Approval _____
Non work hour use approval signature

Manager Approval _____
Work hour/time use approval required signature

For Human Resources Only

Enrolled: Yes No

HR Signature _____

Date _____