



# Continuous Learning Request Feedback Form

Immediate Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date of Form: \_\_\_\_\_

Campus: \_\_\_\_\_

What is the request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for denying request:

Insufficient information provided.	
Learning activity does not meet employee's stated goals.	
Learning activity does not follow recommendations on CL Plan.	
Learning activity does not indicate follow-up plan.	
Learning activity completion date outside employee's contract term.	
Employee duties cannot be sufficiently covered.	
Budgetary	

Comments/ Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (Immediate Supervisor)

\_\_\_\_\_  
Date

I acknowledge receipt and discussion of this feedback with my Immediate Supervisor.

\_\_\_\_\_  
Signature (Employee)

\_\_\_\_\_  
Date