Employee Name: _______________________________________________ Employee ID#: ______________________________

Department: ________________________________________________ Division: ______________________________

Name of Company/Institution
Offering Training/Seminar: ____________________________________________________________________________

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<th>Course Title</th>
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I certify that I am a member of the Support Staff Collective Bargaining Unit or Fair Share participant at Prairie State College and have been employed for at least six (6) months. I certify that I have read and understand the procedures concerning this benefit.

Employee Name: _______________________________________________ Date: ______________________________

Employee's Signature: _________________________________________ Date: ______________________________

Please attach all pertinent information to this form and have your supervisor sign below. Then have this approved by Cheron Ricks, then forward to Human Resources Department, Office 2402, for processing.

Supervisor: ______________________________________ Date: ______________________________

Union President/Designee: ______________________________________ Date: ______________________________

Human Resources Authorization: ______________________________________ Date: ______________________________