TDOT APPLICATION
FOR CE MASTERS PROGRAM / EDUCATIONAL LEAVE

I. IDENTIFYING INFORMATION

1. **Applicant's Name:** _____
   First Middle Last

2. **Job Assignment:**

   a. **Position Title** _____

   b. **Department ID Number** _____

   c. **Work Phone** _____

   d. **Employee Identification Number** _____

3. **Service:**

   a. **Total Service with Department of Transportation** _____

   b. **Total Service with State of Tennessee (If Different)** _____

4. **Job Performance Evaluation:**

   a. **Date of Last Evaluation** _____

   b. **Current Overall Performance Evaluation Score** _____

5. **Course Information**

   a. **Course Number & Name** _____

APPROVAL

_____
Applicant's Signature **Date** **Title**

_____
Unit Supervisor's Signature **Date** **Title**

_____
Division/Regional Director's Signature **Date** **Title**

_____
Commissioner's Signature **Date**