Chicago eLearning
KnowledgeCity Course Request Form

Employee Name Please Print	Employee #	Phone #
User ID (i.e. Person ID#, Login ID) Department		Division
Supervisor's Name		Phone #

These courses must be approved by your supervisor, including the time allotted to complete them.

KnowledgeCity Course Title (Provide the complete title)

Course Duration (HH:MM):

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KnowledgeCity Course Title (Provide the complete title)

Course Duration (HH:MM):

Employee's Signature: _____ **Date:** _____

SUPERVISOR'S APPROVAL

I have reviewed the selected courses and approved the requester (employee) to take them during designated working hours for employee development purposes.

Supervisor's Signature: _____ **Date**: _____

To be enrolled, please submit signed completed form to:
traininganddevelopment@cityofchicago.org