



RACETRAC EDUCATIONAL VOUCHER



Please discuss & complete this form with your direct supervisor. Once approved, please return voucher to the Learning Center via email or in person. For additional information on courses, please visit ccpe.kennesaw.edu.

Student Name: _____ Year of Birth: _____
(For KSU purposes)

Home Address: _____

City, State, Zip: _____

Email Address: _____

Day Phone: _____ Cell Phone: _____

Current Dept./Job Title: _____

Course Title: _____

Course No: _____ Course Hours: _____

Course Dates: _____

Course Fee: _____ (Discount will be deducted on invoice)

Why are you interested in this course?

How will it benefit you in your current or possible future position at RaceTrac?

How will this benefit RaceTrac?

Signatures below confirm RaceTrac will pay course fee for this employee to take this course. Any additional expenses will be the responsibility of the student. These may include, but are not limited to, books, supplies, exam fees, drug and/or background checks.

Employee Signature _____ Print _____ Date _____

By signing above, I understand that my class attendance and grade information will be shared with RaceTrac personnel.

Manager Signature _____ Print _____ Date _____

By signing above, I verify that I have reviewed and approve the courses requested by this employee.

RaceTrac HR Representative Signature (Signature confirms RaceTrac will pay course fees.)

Employment Status (FT,PT) _____ DOH: _____ Employee ID: _____

Cost Center: _____

(HR Rep: Please fax completed form to 470.578.9085 or scan and email to cereg@kennesaw.edu)