

Education Time Clock Adjustment Request



TEAMember Name (PRINT) _____

Department _____

Date Submitted _____ Employee ID/Badge # _____

	DATE	COURSE OR TRAINING EVENT COMPLETED	START TIME	END TIME	COMPLETED HOME OR WORK	EDUCATOR INITIALS
1						
2						
3						
4						
5						

Employee Signature

Date

Educator/Manager Signature

Date

To receive compensation for education or training, time:

- Form must be completed in entirety and turned in to **TNRC Education Office or Manager**
- Submit during same pay period education is completed

Education will be verified by HealthStream records, and TEAMember will be compensated based on actual education time not to exceed the estimated completion time as defined by each training course.

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Tabitha recognizes the importance of education as required by regulation and asks each TEAMember to be accountable to manage this through the Tabitha Learning Center.

In the event education is past due 15 days or more:

- Written warning with further disciplinary action to follow, up to and including termination, if not completed in timeframe outlined by manager
- Possible extension of orientation and removal from work schedule

The following email alerts will be delivered to your [Tabitha email](#) to help guide your learning:

- New Assignments
- Assignments Approaching Due Date

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