Educational Release Time Request

Office of Human Resources

With few exceptions, you have the right to request, receive, review, and correct information about yourself using this form.



Educational Release Time is limited to employees pursing a graduate or undergraduate degree for courses that are part of their approved degree program. Educational Release Time is limited to three hours per week for full-time, budgeted employees for a course offered during the employee's regular work hours. Online courses do not qualify unless the course requires online class time during the employee's normal work schedule. Educational Release Time Program requests will be reviewed and approved in accordance with *System Regulation 31.99.01, Employees Registering as Students* and *TAMIU SAP 31.99.01.L0.01, Employees Registering as Students*.

EMPLOYEE NAME:_____UIN:____

TLE:DEPARTMENT:							
BEING PURS	UED:		COURSE:_				
Educational Rele	ease Time is reques	ted for Fiscal Year	Fall Ser	nester	Spring Semester	Summer Semester	
Educational Rel	ease Time is request	ed for the following c	lass hours (limited to	3 hours	per week):		
Monday t	time:	Tuesday	time:	_	Wednesday	time:	
Thursday t	time:	Friday	time:	_	Saturday	time:	
2. For onli	request Educatificiency, custome	ing online class to the class t	me as outlined a	work l	nours, attach docum	work can be accomplis	shed with no
e Signature				Da	te		
te Supervisor S	ignature			Da	te		
ent Head/Dean	Signature (if app	licable)		Da	te		
ate VP Signatu	re			Da	te		
	Educational Rel Educational Rel Monday Thursday H: 1. Attach of 2. For onli TICATION: If ffectiveness, efformust be obtained by the second of the secon	Educational Release Time is request Monday time: Thursday time: H: 1. Attach copy of the degree 2. For online courses require FICATION: I request Education ffectiveness, efficiency, custome is must be obtained in advance, proceedings and the supervisor Signature the Supervisor Signature	Educational Release Time is requested for Fiscal Year Educational Release Time is requested for the following of Monday time: Tuesday Thursday time: Friday H: 1. Attach copy of the degree plan showing the 2. For online courses requiring online class to the courses requiring online class to the courses, efficiency, customer service, or discussed in advance, prior to registering the Signature TCATION: I request Educational Release Time frectiveness, efficiency, customer service, or discussed in advance, prior to registering the Signature Testing and the signature of the course of	Educational Release Time is requested for Fiscal Year Fall Sen Educational Release Time is requested for the following class hours (limited to Monday time: Tuesday time: Thursday time: Friday time: Thursday time: Friday time: H: 1. Attach copy of the degree plan showing the course for whice 2. For online courses requiring online class time during regular TICATION: I request Educational Release Time as outlined a frectiveness, efficiency, customer service, or disruption to the open is must be obtained in advance, prior to registering for courses. The Supervisor Signature The Supervisor Signature The Supervisor Signature (if applicable)	Educational Release Time is requested for Fiscal Year Fall Semester Educational Release Time is requested for the following class hours (limited to 3 hours Monday time: Tuesday time: Thursday time: Friday	Educational Release Time is requested for Fiscal Year Fall Semester Spring Semester Educational Release Time is requested for the following class hours (limited to 3 hours per week): Monday time: Tuesday time: Wednesday Thursday time: Friday time: Saturday H: 1. Attach copy of the degree plan showing the course for which you wish to register. 2. For online courses requiring online class time during regular work hours, attach docur ICATION: I request Educational Release Time as outlined above. I believe that my offectiveness, efficiency, customer service, or disruption to the operations and others in my offectiveness, efficiency, customer service, or disruption to the operations and others in my offectiveness, efficiency, customer service, or disruption to the operations and others in my offectiveness. Date Date The Supervisor Signature Date Date Date Date Date Date	Educational Release Time is requested for Fiscal Year Fall Semester Spring Semester Summer Semester Educational Release Time is requested for the following class hours (limited to 3 hours per week): Monday time: Tuesday time: Wednesday time: Thursday time: Saturday time: Saturday time: Thursday time: Saturday time: Saturday time: 2. For online courses requiring online class time during regular work hours, attach documentation of this requires the course of the degree plan showing the course for which you wish to register. 2. For online courses requiring online class time during regular work hours, attach documentation of this requires the course of the degree plan showing the course for which you wish to register. 2. For online courses requiring online class time during regular work hours, attach documentation of this requires the course of the degree plan showing the course for which you wish to register. 2. For online courses requiring online class time during regular work hours, attach documentation of this requirement. TCATION: I request Educational Release Time as outlined above. I believe that my work can be accomplist frectiveness, efficiency, customer service, or disruption to the operations and others in my department. I unders a must be obtained in advance, prior to registering for courses. **Date** **