

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Department: \_\_\_\_\_

Time Base (FTE) of Current Position: \_\_\_\_\_

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**Academic Year** Fall     Spring     Summer

Date Range - Starts: \_\_\_\_\_ Ends: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ (Not to exceed 3 hours)

Total Hours Requested for Semester: \_\_\_\_\_ (Not to exceed 52.5 hours)

Days of week for release time (Check all that apply to your work schedule)

 Monday  Tuesday  Wednesday  Thursday Friday  Saturday  Sunday

Proposed weekly work schedule (include lunch breaks):

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

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**Employee Justification for Requesting Professional Development Release Time:**

- I am also requesting Enrollment Fee Reimbursement for the courses that I would like to take  
(complete separate Enrollment Fee Reimbursement form)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Supervisor Acknowledgement:** Approved     Denied

Supervisor Statement for approval or denial of Release Time Request:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_