AUTHORIZATION FOR EDUCATIONAL RELEASE TIME
(Refer to BOR Policy 4:17)

Employee Name _____
(Last) (First) (M)

Title _____

Social Security Number _____ Department _____

Class Information:

Year_____ Semester (Circle the appropriate one): Fall Spring Summer

Course Name & Number _____

Credit Hours _____ Day(s) of Week _____ Class Time _____

Per Board of Regents Policy 4:17, I am requesting approval to take up to three clock hours per week of classwork without being required to make up this time.

I certify that I am a full-time non-faculty employee and have been continuously employed by the state of South Dakota for one year or more in a full-time position, that the class is offered only during my normal working hours and is not offered on the internet.

I understand that for employees covered by the overtime provisions of the Fair Labor Standards Act, all hours over the three-clock hours limitation must be made up. I also understand that the hours of educational release time do not count as hours worked and will not be calculated toward overtime.

Employee Signature _____ Date _____

Approval:

Supervisors Signature _____ Date _____

Dean/Director Signature _____ Date _____

Please forward signed form to Human Resources

Print Form