



Educational Release Time Program Application and Approval Form

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: hr@tamug.edu or call (409) 740-4534.

INSTRUCTIONS This form is used by employees to request release time from work to attend educational classes, limited to 3 hours per week. The form is retained in the employee's personal file within the HR department.

Texas A&M University at Galveston recognizes the value and contribution of its employees by providing an Educational Release Time Program for employees registering as students. This opportunity allows full-time, budgeted TAMUG employees to further their growth and advancement, enhance their involvement in the life of the university, and to further their education to become a more productive and knowledgeable workforce.

Employee Name	UIN
Title/Position	Department
Release time is requested for Fiscal Year _____ <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester	
Release time for class hours requested (Limited to 3 hours per week) is:	
<input type="checkbox"/> Monday time: _____	<input type="checkbox"/> Tuesday time: _____
<input type="checkbox"/> Wednesday time: _____	<input type="checkbox"/> Thursday time: _____
<input type="checkbox"/> Friday time: _____	<input type="checkbox"/> Saturday time: _____

Any additional time requested beyond the approved release time will require use of a flexible work schedule or other approved leave. The approved release time will not count as hours worked for purposes of FLSA overtime

I hereby certify that I meet the provisions contained in System Regulation 31.99.01, University Rule 31.03.03.M1, and Standard Administrative Procedure 31.99.01.M1.01.

Employee Signature Date

- Approved
- Disapproved (If disapproved, state reason): _____

Immediate Supervisor's Signature Date

- Approved
- Disapproved (If disapproved, state reason): _____

Department/Unit Head Signature Date

SUBMIT FORM TO: **** Human Resources	NEED HELP? <i a Ub'F Ygci fWg ((\$-) +(\$!) ' (..... hr@tamug.edu
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