

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE**

**BOARD OF GOVERNORS**

**SCP-2165.A, Educational Release Time Request for Classified Employees**

Print Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Institution Offering Course: \_\_\_\_\_

Course Number / Title: \_\_\_\_\_ Class Time / Days of Week: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Weeks: \_\_\_\_\_

Class Location: \_\_\_\_\_ Number of Credit Hours: \_\_\_\_\_

1. Travel time to and from employment to class: \_\_\_\_\_ hours/week
  2. Educational Release Time: \_\_\_\_\_ hours/week
  3. Time Worked: \_\_\_\_\_ hours/week
- Total must equal** 37.5 hours/week

**Work Schedule:** Days/Time in Department

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 AM							
9 AM							
10 AM							
11 AM							
NOON							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
7 PM							
8 PM							
9 PM							

**Employee Rationale:** \_\_\_\_\_

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

**SUPERVISOR REVIEW:**

Approval  Disapproval

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

**UNIT ADMINISTRATOR REVIEW:**

Approval  Disapproval

\_\_\_\_\_  
Unit Administrator Signature Date

Explanation of Disapproval: \_\_\_\_\_

*Revised December 2011  
Reviewed June 2017  
Reviewed October 2022*