# 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 Title & Number: Class Time & Days of Week:

Start Date:

End Date:

# Weeks:

Class Location: # 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** |
| 1. AM
2. AM
 |  |  |  |  |  |  |  |
| 1. AM
2. AM
 |  |  |  |  |  |  |  |
| NOON 1 PM |  |  |  |  |  |  |  |
| 1. PM
2. PM
 |  |  |  |  |  |  |  |
| 1. PM
2. PM
 |  |  |  |  |  |  |  |
| 1. PM
2. PM
 |  |  |  |  |  |  |  |
| 1. PM
2. PM
 |  |  |  |  |  |  |  |

# Employee Rationale:

**Employee Signature Date**

**SUPERVISOR REVIEW:**

G Approval G Disapproval

**UNIT ADMINISTRATOR REVIEW:**

G Approval G Disapproval

**Supervisor Signature Date**

**Unit Administrator Signature Date**

Explanation for Disapproval:

SCP-2165.A, *Educational Release Time Request for Classified Employees Revised December 2011*