

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE  
BOARD OF GOVERNORS**

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

Print Name: \_\_\_\_\_  
Institution Offering Course: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Course Number / Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Class Location: \_\_\_\_\_

Class Time / Days of Week: \_\_\_\_\_  
Number of Weeks: \_\_\_\_\_  
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:** \_\_\_\_\_

**SUPERVISOR REVIEW:**

Approval     Disapproval

**UNIT ADMINISTRATOR REVIEW:**

Approval     Disapproval

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

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

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

Explanation for Disapproval: \_\_\_\_\_

*Revised December 2011  
Reviewed June 2017*