

**Sam Houston State University**  
**Release Time for Academic Courses Request Form**

This form is to be completed by all full-time staff requesting release time to take academic courses at Sam Houston State University. Completed form is retained by department offices. See Policy B-5, *Employee Development* for details.

Submission Deadlines: August 1<sup>st</sup> (fall semester), December 1<sup>st</sup> (spring semester, or May 1<sup>st</sup> (summer semester).

**Section 1: Employee and Enrollment Information**

Name: \_\_\_\_\_ SAM ID: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept.: \_\_\_\_\_ Division: \_\_\_\_\_

Seeking Degree: \_\_\_\_\_ If Yes, Degree Program (Major): \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_ Circle one: Staff Faculty

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**Section 2: Request and Acknowledgement**

I confirm that this request is for coursework which relates to my current or prospective job duties. I understand that if I am a financial aid recipient, reimbursement of fees could affect my financial aid eligibility. It is my responsibility to notify Financial Aid and Scholarships immediately that I will be receiving this reimbursement so any appropriate adjustments to my aid can be completed. I request paid time off for class release not to exceed policy limits (B-5, *Employee Development*).

\_\_\_\_\_  
Employee Acknowledgement (Print)

\_\_\_\_\_  
Employee (Signature)

\_\_\_\_\_  
Date

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**Section 3: Approval**

I concur with the employee's request ☐

I approve paid time off for class release that does not exceed policy limits ☐

\_\_\_\_\_  
Department Head (Print)

\_\_\_\_\_  
Department Head (Signature)

\_\_\_\_\_  
Date