

# Sam Houston State University

## Employee Development Participation & Teaching Request Form

This form is to be completed by employees requesting to participate in Employee Development and/or teach an academic course at Sam Houston State University.

### Section 1: Employee Information

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

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

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### Section 2: Selection of Program.

Participation during work hours is only permitted in **ONE** of the following programs:

**Employee Education Assistance Program.** See Policy HR-12, *Employee Development* for details. Please check box if you are requesting permission for educational release for one class during working hours or to attend a M-F graduation in the semester of your graduation.

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

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

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

I will graduate in the semester listed above and request up to 8 hours of educational release to attend my graduation ceremony if scheduled on a M-F workday.

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 (HR-12, *Employee Development*). Please initial box to indicate that you are requesting EEAP benefits.

**Employee Wellness Program.** Provides 2.5 hours of release time per week, taken in increments of no greater than 1 hour per day for approved wellness activities.

If you wish to participate in the University Wellness Employee program with release time, you will need to REVIEW THIS FORM WITH YOUR SUPERVISOR BEFORE SUBMITTING IT. University policy allows employees, with their supervisor's approval, to take advantage of 2.5 hours of release time for approved wellness activities. The signature of the supervisor indicates that he/she has discussed your participation in the program and has reviewed the associated policies and procedures with you. The employee's signature indicates that he/she understands the release time policy. Participation requires an annual enrollment, which expires on the anniversary of enrollment date.

**Teaching an Academic Course.** See Policy HR-16, *Work Schedules & Employee Compensation and HR-12, Employee Development*. Department head approval is required for all teaching events.

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

\_\_\_\_\_  
Date

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### Section 3: Approval.

The completed form is retained by department offices.

I concur with the employee's request and approve:

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

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

\_\_\_\_\_  
Date

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