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:	
Employee Education Assista requesting permission to tak Submission Deadlines: Augu Seeking Degree: Semester:	nce Program. See Policy B-5, Employe one class during working hours. Ist 1st (fall semester), December 1st (fall semester), D	permitted in ONE of the following programs: Dyee Development for details. Please check box if you are (spring semester), or May 1 st (summer semester). Culty Culty Tospective job duties. I understand that if I am a financial aid recipient, reimbursement or nancial Aid and Scholarships immediately that I will be receiving this reimbursement so a for class release not to exceed policy limits (B-5, Employee Development). Please initial but me per day for physical activity programs on the campus of Sam	ny oox
University policy allows employees, wit Houston State University. The signature procedures with you. The employee's anniversary of enrollment date. Resubm Affirmation, Waiver, and LiabilityReleass In consideration of the permission given executors, and administrators), release, parties") from any and all liability (including released above-described activities, regarelease is indemnity by me to indemnify I am of lawful age and legally competent (activities) and without guaranteeor con Submit completed form to: Employ	their supervisor's approval, to take advantage of of the supervisor indicates that he/she has distignature indicates that he/she understands the litting this form for renewal to the Department of the to me by Sam Houston State University ("the University, the University of the Univ	e, you will need to REVIEW THIS FORM WITH YOUR SUPERVISOR BEFORE SUBMITTING I of 30 minutes per day of release timefor physical activity programs on the campus of Sa iscussed your participation in the program and has reviewed theassociated policies are release time policy. Participation requires an annual enrollment, which expires on the facereational Sports is required when you want to begin your release time each year. Interestly") to participate in the above mentioned activity, I (for myself, my heirs, the Texas State University System, the regents, their employees, and volunteers ("the ds and/or causes of action) arising from or connection with my participation in the egligence of the released parties. I intend that the indemnity provided in this waiver and heir negligence, whether that negligence is the soleor concurring cause of the liability. Interest of the release on my own behalf. I participate freely in the above-described activity. TX. 77341 or Fax to: 936-294-1804.	m nd
Employee (Signature)	 Date		
Section 3: Approval. The completed I concur with the employee's request		ices.	
 Department Head (Print)	 Department Head (Signa	nature) Date	