

# 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: \_\_\_\_\_

---

**Section 2: Selection of Program.** Participation during work hours is only permitted in **ONE** of the following programs:

**Employee Education Assistance Program.** See Policy B-5, *Employee Development* for details. Please check box if you are requesting permission to take one class during working hours.

**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 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*). Please initial box to indicate that you are requesting EEAP benefits.

**Employee Wellness Program.** Provides 30 minutes of release time per day for physical activity programs on the campus of Sam Houston State University.

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 30 minutes per day of release time for physical activity programs on the campus of Sam Houston State University. 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. Resubmitting this form for renewal to the Department of Recreational Sports is required when you want to begin your release time each year.

#### Affirmation, Waiver, and Liability Release

In consideration of the permission given to me by Sam Houston State University ("the University") to participate in the above mentioned activity, I (for myself, my heirs, executors, and administrators), release, discharge, and agree to indemnify the University, the Texas State University System, the regents, their employees, and volunteers ("the parties") from any and all liability (including, but not necessarily limited to, claims, demands and/or causes of action) arising from or connection with my participation in the released above-described activities, regardless of whether such liability is caused by the negligence of the released parties. I intend that the indemnity provided in this waiver and release is indemnity by me to indemnify the released parties from the consequences of their negligence, whether that negligence is the sole or concurring cause of the liability.

I am of lawful age and legally competent and empowered to execute this affirmation, waiver, and release on my own behalf. I participate freely in the above-described activity (activities) and without guarantee or compulsion.

Submit completed form to: Employee Wellness Program Box 2358 Huntsville, TX. 77341 or Fax to: 936-294-1804

**Teaching an Academic Course.** See Policy ER-3, *Work Schedules & Employee Compensation*. Department head approval is required for all teaching events.

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

\_\_\_\_\_  
Date

---

**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