



Classified Professional Development  
Release Time Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_

Time Base (FTE) of Current Position: \_\_\_\_\_

Academic Year

☐ Fall ☐ Spring ☐ Summer

Date Range - Starts: \_\_\_\_\_ Ends: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ (Not to exceed 3 hours)

Total Hours Requested for Semester: \_\_\_\_\_ (Not to exceed 52.5 hours)

Days of week for release time (Check all that apply to your work schedule)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday ☐ Saturday ☐ Sunday

Proposed weekly work schedule (include lunch breaks):

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Employee Justification for Requesting Professional Development Release Time:

☐ I am also requesting Enrollment Fee Reimbursement for the courses that I would like to take  
(complete separate Enrollment Fee Reimbursement form)

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Acknowledgement:

☐ Approved ☐ Denied

Supervisor Statement for approval or denial of Release Time Request:

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

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