



Educational Release Time Program Application and Approval Form

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: benefits@tamu.edu or (979) 862-1718.

INSTRUCTIONS This form is used by employees to request release time from work to attend educational classes, limited to 3 hours per week. The form is retained in the employee's personal file within the department.

Texas A&M University recognizes the value and contribution of its employees by providing an Educational Release Time Program for employees registering as students. This opportunity allows full-time, budgeted TAMU employees to further their growth and advancement, enhance their involvement in the life of the university, and to further their education to become a more productive and knowledgeable workforce.

Employee Name	Date
Title/Position	Department
Release time is requested for Fiscal Year _____ <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester	
Release time for class hours requested (Limited to 3 hours per week) is:	
<input type="checkbox"/> Monday time: _____	<input type="checkbox"/> Tuesday time: _____ <input type="checkbox"/> Wednesday time: _____
<input type="checkbox"/> Thursday time: _____	<input type="checkbox"/> Friday time: _____ <input type="checkbox"/> Saturday time: _____

Any additional time requested beyond the approved release time will require use of a flexible work schedule or other approved leave. The approved release time will not count as hours worked for purposes of FLSA overtime

I certify that I meet the provisions contained in System Regulation 31.99.01 and Standard Administrative Procedure 31.99.01.M1.01. Additionally, I understand that if I take leave on a day I am to receive Educational Release Time (ERT) I must actively work a portion of that day to be paid for ERT. Otherwise, the whole day will be designated with the appropriate leave.

Employee Signature

Date

Approved

Denied (If denied, state reason): _____

Immediate Supervisor's Signature

Date

Approved

Denied (If denied, state reason): _____

Department/Unit Head Signature

Date

SUBMIT FORM TO:
Employee's
Personnel File

NEED HELP?
Benefits Services
(979) 862-1718
benefits@tamu.edu