



**S O U T H E R N   W E S T   V I R G I N I A  
C O M M U N I T Y   A N D   T E C H N I C A L   C O L L E G E  
B O A R D   O F   G O V E R N O R S**

**Number:** SCP-2165.A  
**Origination:** February 17, 2004  
**Effective:** February 17, 2004  
**Reviewed:** August 31, 2006

**SUBJECT:** Educational Release Time Request for Classified Employees

**REFERENCE:** SCP-2165, *Educational Release Time for Classified Employees*

Print Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_  
 Institution Offering Course: \_\_\_\_\_  
 Course Title & Number: \_\_\_\_\_ Class Time & Days of Week: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # Weeks: \_\_\_\_\_  
 Class Location: \_\_\_\_\_ # Credit Hours: \_\_\_\_\_

1. Travel time to and from employment to class: \_\_\_\_\_ hours/week
  2. Educational Release Time: \_\_\_\_\_ hours/week
  3. Time Worked: \_\_\_\_\_ hours/week
- Total must equal** 37.5 hours/week

**Work Schedule:** Days/Time in Department

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8 AM 9 AM							
10 AM 11 AM							
NOON 1 PM							
2 PM 3 PM							
4 PM 5 PM							
6 PM 7 PM							
8 PM 9 PM							

**Employee Rationale:** \_\_\_\_\_

**SUPERVISOR REVIEW:**

Approval     Disapproval

**UNIT ADMINISTRATOR REVIEW:**

Approval     Disapproval

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

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

\_\_\_\_\_  
Unit Administrator Signature                      Date

Explanation for Disapproval: \_\_\_\_\_