The Texas A&M University System
System Offices

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: SystemOfficesEmployment@tamus.edu or (979) 458-6169.

INSTRUCTIONS This form is used by employees to request release time from work to attend educational classes, limited to 3 hours per week. A class schedule must accompany this form. The documentation is retained in the employee's personal file.

Texas A&M University System Offices 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 TAMUS employees to further their growth, advancement, and their education to become a more productive and knowledgeable workforce.

Employee Name	Date
Title/Position	Department
Release time is requested for Fiscal Year _____ ☐ Fall Semester ☐ Spring Semester ☐ Summer Semester	
Release time for class hours requested (Limited to 3 hours per week) is: ☐ Monday time:_____ ☐ Tuesday time:_____ ☐ Wednesday time:_____ ☐ Thursday time:_____ ☐ Friday time:_____ ☐ 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. 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

_____ _____
Immediate Supervisor's Signature Date

☐ Approved

_____ _____
Department/Unit Head Signature Date

SUBMIT COPY OF FORM TO:
Human Resources

NEED HELP?
Human Resources
(979) 458-6169
SystemOfficesEmployment@tamus.edu