

**Sul Ross 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 Sul Ross State University.

**Section 1: Employee Information**

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept.: \_\_\_\_\_ Division: \_\_\_\_\_

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

**Employee Education Assistance Program.** See APM 5.14, *Staff/Employee Professional Development* for details. Please check box if you are requesting permission for educational release for one class during working hours or to attend a M-F graduation in the semester of your graduation.

**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 will graduate in the semester listed above and request up to 8 hours of educational release to attend my graduation ceremony if scheduled on a M-F workday.

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 (HR-12, *Employee Development*). Please initial box to indicate that you are requesting EEAP benefits.

**Teaching an Academic Course.** See Policy HR-16, *Work Schedules & Employee Compensation and APM 5.14, Staff/Employee Professional Development*. Department head approval is required for all teaching events.

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

\_\_\_\_\_  
Date

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**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

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