

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: _____

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 1st (fall semester), December 1st (spring semester), or May 1st (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. 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

Section 3: Approval.

Department Head:

I concur with the employee's request and approve:

Department Head (Print)

Department Head (Signature)

Date

Human Resources:

Answer questions below to verify dependent and employee meet requirement.

Full-time Benefits eligible Yes No

One year continuous employment Yes No

Human Resources Office (Signature)

Date

Registrar Office:

Answer questions below to verify dependent and employee meet requirement.

Enrolled in degree seeking plan Yes No

Balance less than \$500 Yes No

Registrar Office (Signature)

Date