



RELEASE TIME REQUEST FORM

Name _____ Date of Request _____

Hours of Release Time Requested _____

Release time hours are multiplied by 2 to approximate work hours per week (e.g. 2 hrs release = 4hrs/week)

Semester in which release time is being requested _____

A new form is required for each semester in which release time is requested.

Please describe the purpose of the release time being requested and how it relates to the Southern State Strategic Plan, professional initiatives, assignments beyond duties included in one's job description, or special assignment:

Identify the specific outcomes, responsibilities, objectives, tasks, or other deliverables that can be measured:

By signing this request I acknowledge that I am requesting release from my contractually required load hours to complete the work described above and that I may be required to submit progress reports related to the measurable outcomes I have identified:

Faculty Signature

Date

Approval from the respective Dean and the Vice President of Academic Affairs is required for a mutually agreed upon Release Time assignment

Dean's Approval

Date

Vice President of Academic Affairs Approval

Date