

AUTHORIZATION FOR EDUCATIONAL RELEASE TIME

(Refer to BOR Policy 4.5.4)

Employee Name _____
(Last) (First) (M)

Title _____ Full time Hire Date: _____

Banner Number _____ Department _____

Class Information:

Year _____ Semester (Circle the appropriate one): Fall Spring Summer

Course Name & Number _____ University: _____

Credit Hours _____ Day(s) of Week _____ Class Time _____

Per Board of Regents Policy 4.5.4, I certify that I am a full-time non-faculty employee of the Board of Regents, and have been continuously employed by the state of South Dakota for one year in a full-time position.

I understand that for employees covered by the overtime provisions of the Fair Labor Standards Act, all hours over the three-clock hours limitation must be made up. I also understand that the three hours do not count as hours worked and will not be calculated toward overtime.

Employee Signature _____ Date _____

Approval:

Supervisor Signature _____ Date _____

Dept. Head/Director Signature _____ Date _____

*****Please forward signed form to SD Mines Human Resources Office*****

Office Use: Approved/Denied

Date: _____

Initials: _____

South Dakota School of Mines & Technology is an Equal Employment Opportunity Employer