

# FACULTY RELEASE TIME REQUEST

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**Name** \_\_\_\_\_ **Department** \_\_\_\_\_

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**School** \_\_\_\_\_

FALL  SPRING YEAR: \_\_\_\_\_

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**Semester**

FULL-TIME  PART-TIME

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**Status**

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**Total daytime contact hours**

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**Release time hours requested**

Chairperson  Associate Chairperson  Assistant Chairperson  Other

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**Reason for request**

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**Explanation, if needed**

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**Hours owed information**

Recommended  
 Not Recommended

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**Department Chairperson** \_\_\_\_\_ **Date** \_\_\_\_\_

Recommended  
 Not Recommended

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**Dean / Director** \_\_\_\_\_ **Date** \_\_\_\_\_

Recommended  
 Not Recommended

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**V.P. Academic Affairs** \_\_\_\_\_ **Date** \_\_\_\_\_

Distribution: Human Resources  
Budget Office  
Department Chairperson  
Dean/Director  
Faculty Services