AUTHORIZED FOR EDUCATIONAL RELEASE TIME

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 Data**

Employee Name: ________________________________________________________________

Banner Id: ___________________________________________________________________

Department & University Employed: _____________________________________________

Full-time Hire Date: _____________________________________________________________

**Course Data**

Semester: __________________________ Year: _________________________________

Department/College: __________________________ Course Name: ______________________

Course Number: ___________________________ Number of Credits: __________________

Day or Days of Week: ___________________________ Time of Class: _____________________

**Signature Approval**

Signature of Applicant: __________________________________________________________

Signature of Supervisor: __________________________________________________________

Signature of Division/Department Head: _____________________________________________

**Please route to the appropriate leave-reporting department. SDBOR Public Universities and Special Schools are an Equal Employment Opportunity Employer.**