

**AUTHORIZATION 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: \_\_\_\_\_  
(Last) (First) (M)

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.**

