APPENDIX F

RELEASE TIME FORM

Name						ID#				
Department						Cost	Cost Center			
applies	for/is a	ssi	gned to release tin	ne f	for Semester:					
Load Points			Credit Hours		Contact Hours Per Week		# of Weeks		Class Code	
						"				
for the purpose of										
upon the following conditions										
-										
Faculty Member							Date			
Immediate Supervisor							Date			
Dean							Date			
Vice President, Academic Affairs						Date				

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Note: If release time is awarded for any items covered in 6.06, an IPA must be completed and attached.

Note: According to <u>Florida Statutes</u>, the release time request is not complete until approved by the President.

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