

**APPENDIX F  
RELEASE TIME FORM**

Name		ID#	
Department		Cost Center	

Applies for/is assigned to release time 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

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

**Note:** According to Florida Statutes, the release time request is not complete until approved by the President.