

**California State University, Dominguez Hills
Release Time Request Form**

Name _____ Department _____ Date _____

Fall Spring Year _____ Check if release is for full academic year

Type of Change (Please Check One)

<input type="checkbox"/> Assigned Time _____	<u>WTU's</u>	<input type="checkbox"/> Difference in Pay Leave _____	<u>WTU's</u>
<input type="checkbox"/> Release Time _____		<input type="checkbox"/> Other _____	

Source of Funding & Account Number (attach copy of award letter): _____

Purpose: _____

(Print out form for signatures)

_____ Faculty Signature	_____ Date	_____ Dept. Chair Signature	_____ Date
_____ Dean's Signature	_____ Date	_____ Authorized Funding Source	_____ Date