DEPARTMENT OF NATURAL RESOURCES
EDUCATIONAL RELEASE TME APPLICATION FORM

Section 1 – Application Identification Data

Last Name | First Name | MI

Home Address | City | State | ZIP

Division/Office | Work Unit

Address of Work Location

Employee ID Number | Job Classification

Date of Employment with ODNR: _____

Normal Working Hours: _____

Section 2 – School, Institution, or Training Center Information

Attach a course description and a brief description of your career goals and explain how the class directly applies to your present position.

Name of School

Street | City | State | Zip Code

Course Number and Title

Release time for the following days: check the appropriate day(s)

☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday

Class time: _____ to _____
Beginning Time | Ending Time

Course Duration:_____ to _____
Beginning Date | Ending Date

I understand that the submission of this form does not guarantee educational release time unless approved by the Office of Human Resources. I also understand that in order to continue educational release time, it is my responsibility to maintain a minimum "C" grade for each course and submit a copy of my final grade upon the completion of this course. Further, I affirm that the answers to each and all of the questions in this application are complete and true to the best of my knowledge.

_____ _____
Signature of Supervisor | Signature of Applicant

_____ _____
Date | Date

Mail form to: ODNR-OHR, 2045 Morse Rd., Bldg. D-1, Columbus, OH 43229