



**Arkansas Board of Parole**  
**Two Union National Plaza Building**  
**105 West Capitol; 5<sup>th</sup> Floor**  
**Little Rock, AR 72201-5731**  
**(501) 682-3850 Fax: (501) 683-5381**

**ADMINISTRATIVE DIRECTIVE: 08-03 Higher Education**

**TO: ARKANSAS BOARD OF PAROLE**

**FROM: LEROY BROWNLEE, CHAIRMAN**

**APPROVED: SIGNATURE ON FILE**

**EFFECTIVE DATE: October 2, 2008**

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- I. **APPLICABILITY.** This policy applies to all Arkansas Board of Parole (ABP) full-time employees, volunteers, interns, extra help and others authorized by the Chairman.
- II. **POLICY.** It is ABP policy to adjust work schedules for employees who are in their final year (2 semesters) of obtaining a degree of higher education. Those employees who elect to further their education but are not in their final year must schedule classes before or after their normal work hours.
- III. **GUIDELINE.**
  1. For those employees who are not in their final year, this office must receive eight consecutive hours with at least ½ hour lunch. Exceptions can be made to alter work schedules for those employees whose class schedule will effect their normal work hours. If the class schedule will alter the normal eight-hour day, employees must complete the “Educational Alternate Work Schedule Request” form and submit it to their immediate supervisor for processing.
  2. Employees in their final year must provide written documentation from the school they are attending prior to adjusting their work schedule.
- IV. **ATTACHMENTS**
  1. Employee Acknowledgement
  2. Educational Alternate Work Schedule Request Form

**EMPLOYEE ACKNOWLEDGEMENT OF HIGHER EDUCATION POLICY**

Please acknowledge by signing that you have received, read, and understand the **Administrative Directive: 08-03 Higher Education.**

All employees or officials of the Arkansas Board of Parole are responsible for complying with all pertinent policies. The Fiscal Manager will place a signed copy of this form in your personnel file.

This form must be signed and returned within five days after receipt of the above policy.

Employee Confirmation:

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

EDUCATIONAL ALTERNATE WORK SCHEDULE REQUEST

During the Spring/Fall Semester of \_\_\_\_\_ I \_\_\_\_\_  
(Circle one) Year Employees Name

will attend \_\_\_\_\_.  
College Name

It is my desire to register for a class starting at \_\_\_\_\_ a.m./p.m. and ending at \_\_\_\_\_  
a.m./p.m. Therefore, I am requesting an alternate work schedule from \_\_\_\_\_ o'clock until  
\_\_\_\_\_ o'clock for  Monday,  Tuesday,  Wednesday,  Thursday or  Friday.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**Official Use only**

Approved  Disapproved

Approved

Disapproved

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Chairman