

Santa Rosa Junior College Classified Professional Development Request Form

Name:	Date:
Title/Position:	Department:
Release time requested for Academic Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Date range requested Starts: _____ Ends: _____ Hours per week: _____ Total Hours requested: _____ Days of week for release time (Check all that apply to your work schedule) <input type="checkbox"/> Mo <input type="checkbox"/> Tu <input type="checkbox"/> We <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sa <input type="checkbox"/> Su	
Proposed weekly work schedule: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____	

Employee Statement for Requesting Professional Development Release Time

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*Employee Signature* *Date*

**Approval**

Approved  Disapproved

Supervisor Statement for Approving or Disapproving the Release Time

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*Supervisor Signature* *Date*

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