# Santa Rosa Junior College Classified Professional Development Request Form

| | |
|---|---|
| Name: | Date: |
| Title/Position: | Department: |

Release time requested for Academic Year _____ ☐ Fall ☐ Spring ☐ 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)
☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

Proposed weekly work schedule:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Employee Statement for Requesting Professional Development Release Time

_____

_____

_____

_____

_____
*Employee Signature* *Date*

**Approval**

☐ Approved ☐ Disapproved

Supervisor Statement for Approving or Disapproving the Release Time

_____

_____

_____

_____

_____
*Supervisor Signature* *Date*

Appendix N
See Article 22 of the SEIU Contract http://seiu.santarosa.edu/contract-negotiations for more details.