Santa Rosa Junior College Classified Professional Development Release time Request Form

Name: _____   Date: _____

Title/Position: _____   Department: _____

Time Base (FTE) of Current Position: _____

Academic Year _____   ☐ fall ☐ spring ☐ summer

Date Range - Starts: _____ Ends: _____ Hours per Week: _____ (Not to exceed 3 hours)

Total Hours Requested for Semester: _____ (Not to exceed 52.5 hours)

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 (include lunch breaks):

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

Friday: _____ Saturday: _____ Sunday: _____

Employee Justification for Requesting Professional Development Release Time:

_____
_____
_____
_____

☐ I am also requesting Tuition Reimbursement for the courses that I would like to take (complete separate Tuition Reimbursement form)

Employee Signature_____   Date_____

Supervisor Acknowledgement:

☐ Approved   ☐ Denied
Supervisor Statement for approval or denial of Release Time Request:

_____
_____
_____
_____

Supervisor Signature_____   Date_____