

Santa Rosa Junior College Classified Professional Development Release time Request Form

Name: _____

Date: _____

Title/Position: _____

Department: _____

Time Base (FTE) of Current Position: _____

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 (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 _____