**E-3i(14) FORM**
Request for Professional Leave, P-17

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### P-17 FORM

**REQUEST FOR PROFESSIONAL LEAVE**

<table>
<thead>
<tr>
<th>Employee ID/No.:</th>
<th>_</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
<td>_</td>
</tr>
<tr>
<td>Position:</td>
<td>_</td>
</tr>
<tr>
<td>Division:</td>
<td>_</td>
</tr>
<tr>
<td>Purpose of Professional Leave:</td>
<td>_</td>
</tr>
<tr>
<td>Sponsoring Organization:</td>
<td>_</td>
</tr>
<tr>
<td>Location (City &amp; State):</td>
<td>_</td>
</tr>
</tbody>
</table>

Are you an alumnus of the program?  
- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>TIME</th>
<th>DATE</th>
<th>DAY</th>
<th>TIME</th>
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</thead>
<tbody>
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</tbody>
</table>

### TOTAL WORK HOURS LEAVE REQUESTED

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**INSTRUCTORS:** What arrangements will be made if classes are to be missed?

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**IF TRAVEL EXPENSES ARE REQUESTED, PROVIDE THE FOLLOWING ESTIMATES:**

- Transportation: \$0.00
- Registration Fee: \$0.00
- Meals: \$0.00
- Other: \$0.00

**TOTAL ESTIMATED COST**: \$0.00

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Cost Center number to be charged: _

Employee's Signature: _  
Date: _

- [ ] Approved  
- [ ] Disapproved  
Reason: _

Immediate Supervisor's Signature: _  
Date: _

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**SUBMIT TO IMMEDIATE SUPERVISOR**

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To view a full size form, click on this link: [P-17 FORM](#)
To access the fillable template, click on this link: [P-17 TEMPLATE](#)

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Adopted Date: 09/01/1994; Revised 7/2011

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