



COLLEGE POLICY

PERSONNEL

TOC

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

Southeast community college P-17 FORM

PLEASE PRINT OR TYPE REQUEST FOR PROFESSIONAL LEAVE

Employee ID No.: _____

Employee Name: _____

Position: _____ Division: _____

Purpose of Professional Leave: _____

Sponsoring Organization: _____

Location (City & State): _____

Are you an officer or on the program? Yes No

DEPART			RETURN		
DATE	DAY	TIME	DATE	DAY	TIME

TOTAL WORK HOURS LEAVE REQUESTED

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

IF TRAVEL EXPENSES ARE REQUESTED, PROVIDE THE FOLLOWING ESTIMATES:

Transportation.....	\$0.00
Registration Fee.....	\$0.00
Hotel.....	\$0.00
Meals.....	\$0.00
Other.....	<u>\$0.00</u>
TOTAL ESTIMATED COST.....	\$0.00

Cost Center number to be charged: _____

Employee's Signature _____ Date _____

Approved Disapproved Reason: _____

Immediate Supervisor's Signature _____ Date _____

SUBMIT TO IMMEDIATE SUPERVISOR

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