



## PROFESSIONAL DEVELOPMENT REQUEST

(Submit to Arcy Pineda/Curriculum Dept)

*I would like to request to schedule and calendar the following professional development (PD) opportunity.*

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date of professional development: \_\_\_\_\_

Describe the proposed activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning / End time: \_\_\_\_\_

This PD is to be provided for the following personnel:

Certificated

Classified

The approximate size of the participant groups: \_\_\_\_\_

This activity will require substitutes to cover absences:                      YES                      NO

Approximately how many substitutes will be needed to cover this activity? \_\_\_\_\_

Location / Room for this activity: \_\_\_\_\_

Proposed funding source (Title Funds, Grant Funds, LCAP, etc.): \_\_\_\_\_

**OFFICE USE ONLY:**

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: