



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: