OPTION III: RELEASED TIME

Coast Community College District

CLASSIFIED PROFESSIONAL DEVELOPMENT

NOTE: Application Must Be Submitted Prior to Starting Program

Name _____ Date of Application _____
Last First MI

Employee ID _____ Business Phone No _____

Campus:
☐ DIST ☐ CCC ☐ GWC ☐ OCC ☐ DIS

Job Title and Dept _____

Original Hire Date _____

Course of Study

Education Plan on File: Yes ☐ No ☐

A COPY OF THE COURSE DESCRIPTION FROM THE CLASS SCHEDULE MUST BE INCLUDED

Course Number	Course/Program Title or Description	Date Class to Begin	Date Class to End	College/School/ Organization	Units
Eng 101	*English Composition*	*3/2/04*	*3/10/04*	*Irvine Valley College*	*3.0*

Substitute to be Hired in Your Absence ☐ Yes ☐ No

Job Title of Substitute _____

Name of Substitute _____

Budget Number to be Credited _____

Number of Class Hours Per Week _____

Number of Weeks _____

Substitute Hourly Rate of Pay _____

Total Substitute Hours to be Worked _____

Justification

Are you receiving any other funding and/or release time? Yes ☐ No ☐

Use this space to explain your career goal/path and how this program could lead to upward mobility as a classified employee of the Coast Community College District (use extra sheets as necessary).

Applicant's Signature Date

CPD Representative Signature Date

Supervisor's Signature* Date

All requested requiring released time must have the supervisor's approval.

☐ Approved ☐ Tabled ☐ Denied*

Not to Exceed $ _____ Date: _____

Contingent Upon Board Approval: _____ Reason: _____

Budget Year: _____ Budget Number(s) _____

***All denials subject to appeal**