

CENTRAL ALABAMA COMMUNITY COLLEGE
PROFESSIONAL DEVELOPMENT LEAVE FORM

Name _____

Position _____

Dates of Professional Leave _____

Location of Conference _____

Description of Activity _____

Phone Number where I may be reached while I am away _____

Provisions for class or duties while I am away _____

Employee

Date

Approved:	_____	_____
	Division Chair	Date
	_____	_____
	Dean/Associate Dean	Date
	_____	_____
	President	Date