PEPPERDINE UNIVERSITY Graduate School of Education and Psychology

Request for Time to Attend a Professional Development Activity

activity be substituted for work time. In or must be submitted in writing and approved development activity. Please attach any su- evaluating this request (e.g., workshop regi	der for this time to be approved, the request BEFORE attending a professional pporting documents that may be useful in
Employees, who are also students, may request up to three (3) days per calendar year of work time as professional development for course related activities.	
Part 1 – To Be Completed by Employee	
I hereby request to substitute a professional	development activity for work time.
Professional development activity:	
Date(s) of professional development activity:	
Is this required for your position?	
Employee Name:	Date:
Employee Social Security Number:	
Signature:	
Part 2 – Approval	
Approved:	Not Approved:
Date:	
Supervisor:	Title:
Assoc. Dean:	Dean: