LCC Human Resources Logo with stars.

Professional Development Leave Form-

Full Time Administrators LCCAA

Print Full Name (Last, First, MI): Click or tap here to enter text.

Full-Time Employment Date: Click or tap here to enter text.

Department: Click or tap here to enter text.

Title: Click or tap here to enter text.

Dates of Previous Professional Development Leave: Click or tap here to enter text.

Length of Requested Leave: Click or tap here to enter text.

Brief statement of purpose for the leave: (attach a detailed plan of the anticipated leave as per Master Agreement, Article VII, C, 1, e.) Click or tap here to enter text.

In accordance with the terms of the Master Agreement, the Professional Development Leave committee must consider the following factors in determining who shall be recommended for leave:

1. The comparative merit of the application and the value of the leave to the College.
2. Contributions of the applicant to the College.
3. Enhancement of the applicant’s competence through the stated purposes of the leave.
4. Length of service of the applicant to the College.

To assist the Committee and the President in evaluating your request, please attach a statement as to how your leave will meet each of the criteria mentioned above. Please respond separately to each item.

It is understood that a detailed written report will be submitted to the Divisional Dean or President, upon return from the Professional Development Leave.

**Employee Signature:** Click or tap here to enter text. Date: Click or tap to enter a date.