REQUEST FOR RELEASE TIME

Name			Date
Please check one:	Personal Day (Tv Professional Day Early Release Tir Other – Please Sp	* complet ne	e questionnaire upon return
Date of Release Time:	Day of the	ne Week for I	Release Time:
Early Release Time:(be specific):	Coverag	e:	
Morning hall proctor duty?	Where?		
Name of Course	Period Number	Period Letter	To Be Completed by Office Staff
	l st		
	2 nd		
	3 rd		
	4 th		
Which lunch does your class have	?		
	5 th		
	6 th		
	7 th		
Afternoon hall proctor Duty?	Where?	F.S.	
PROFESSIONAL DEVELO Please attach brochure or fly Program Name, Location, & Sponso How will this program enhance you	yer.	bilities?	Computer Instructional School Improvement
Teacher Signature/Date		Princip	al Signature/Date

Date of Revision: August 2022