



The High School for Health Professions & Human Services

ROBERT A. GENTILE, PRINCIPAL

345 East 15th Street

New York, NY 10003

Telephone: (212)780-9175 Fax: (212)979-7261

School Website: hphsnyc.org



PROFESSIONAL DEVELOPMENT REQUEST

Date: _____

Teacher: _____

I am requesting permission to attend Professional Development.

Title of Workshop: _____ Date of Workshop: _____

Location of Workshop: _____ Cost: _____

Reason for Request (please state your objective in taking this workshop):

If approved, I will need the following periods covered:

Period	Class	Room

- Upon return, I must complete an OP 201 form (Room 208) and attach documentation (such as an Agendas) to verify my attendance at the workshop. Form and documentation should be submitted to payroll secretary.
- I understand once approved, Administration will report my absence on Sub Central.
- Submit this signed form to room 208.

Approval: _____
AP Supervision