



# The High School for Health Professions & Human Services



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## PROFESSIONAL DEVELOPMENT REQUEST & REQUEST TO ATTEND MEETING

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting permission to attend:  Professional Development  Meeting

Title of Workshop/Meeting : \_\_\_\_\_ Date : \_\_\_\_\_

Location: \_\_\_\_\_ Cost: \_\_\_\_\_

Reason for Request (please state your objective):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Agenda) 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