

SUFFOLK COMMUNITY COLLEGE

APPLICATION FOR PROFESSIONAL ENRICHMENT TIME

Please provide the following information and submit this form to the Dean supervising your area.

Name of Employee _____

Title _____

Department _____

Campus _____

Home Telephone _____
Campus Extension _____

Title of Activity _____

Location _____

Sponsor _____

Date(s) _____

Description of Activity _____

Relationship of Activity to College Duties _____

Time Requested _____

I hereby approve the foregoing request.

Guild Member

Supervisor

Date

Date

Supervisor: Upon completion, submit to the Office of Vice President for Management and Planning for review and record keeping.