

Description of Activity	Item(s) submitted as Verification in this Report

Attach additional forms and provide support materials/documentation to the Committee as needed.

_____/_____/_____
 Faculty Signature CWID # / / Date

Committee Action: **Approve** _____ **Disapprove** _____ **Date:** ____/____/____

Revised 2023

Appendix P3 - Professional Development Leave Report
TEAR SHEET

**THIS TEAR SHEET IS FOR
DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY**

(To be returned to applicant as validation that the Appendix P3 PDL Report was received by the District office of Human Resources)

This is to confirm that an Appendix P3- PDL Report was received in the District Office of Human Resources from the faculty member listed below.

Name of Faculty: _____ Campus: DA FH

Department _____ Date Received: ____ / ____ / ____

Received by _____
Signature of the District Office of Human Resources Staff Member

- Return signed original to Faculty Member
- Submit a copy with the PDL Report