

Request for Release Time
Richmond High School

Name: _____

Dates for Release: _____

Name of Conference, Workshop, or Activity:

Purpose:

Requested By: _____

Date: _____

APPROVALS

Department Chair/Supervisor: _____

Date: _____

Approved: _____

Denied: _____

Principal/Designee: _____

Date: _____

Approved: _____

Denied: _____

Director of Human Resources: _____

Date: _____

Approved: _____

Denied: _____