

Name: _____ Date: _____

Area: _____ Phone: _____ Ext/Msg: _____

If you plan to do your special project at a location other than a CCCC CD facility, in addition to this form you must submit an Administrative Leave Request to your Division Chair/Dean.

Description of your project (Be specific): _____

Time(s) & Location(s) of project: _____

Describe planned outcomes (Be specific): _____

The hours needed to complete this proposal are _____ hours.

How do you plan to demonstrate completion of your project?
 Written Presentation to Colleagues Other _____
When/Where:

OFFICE USE ONLY
Comments: _____ _____ _____
REVIEWED BY LPG COMMITTEE Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date: _____ Reason/Conditions: _____
LPG Chairperson's Signature: _____ Date: _____
Area Dean's/Division Chair Signature at Completion of Project: _____ Date: _____

WITHIN TWO WEEKS OF COMPLETION OF YOUR SPECIAL PROJECT, PLEASE DO THE FOLLOWING:

- (1) Type a short summary of your completed project.
- (2) Sign a copy of this form on file in your Dean/Division Chair's office. Attach a copy of your summary report.

I will complete the above project with an hourly commitment equal to or greater than the hours indicated above.

Faculty Signature: _____ Date: _____