

SOMERS POINT SCHOOL DISTRICT

PROFESSIONAL DAY REQUEST

Employee's Name	<u></u>		DA	\TE:	
Position		JR	s 🗆	DWS □	NYA □
Date(s) of Reques	ited Leave:				
All requests requiri	ng Out Of District travel M ular Board of Education N District Professional Days N	UST be approved in a leeting.	idvance a	and submitted TWO W	
	e sted days : (Must be co	ompleted IN DETA	IL for au	uthorization)	
Location of out o	f district workshop/c	conference			
Substitute requir	Yes		No 🗆		
Professional Day In district		Yes		No 🗆	
Out of District		Ye	s 🗆	No 🗆	
Cost of Meeting	Registration	Travel		_ Food	
Lodging	Other (Explain)_				

Registration forms and any other detailed information MUST be attached to this form for your professional day request to be approved.

		APPROVALS:	
SUPERVISOR/PRINCIPAL	CONCURRENCE:		
Signature	 Dat	e	
APPROVED _	DENIED		
Reason for denying:			
SUPERVISOR OF CURRIC		APPROVALS:	
		ENCE:	
Signature		Date	
APPROVED _	DENIED		
Reason for denying:			
		APPROVALS:	
SUPERINTENDENT'S CO	NCURRENCE:		
Signature		Date	
APPROVED _	DENIED		
Reason for denying:			