



Rumson School District
Professional Day Request – Out of District

Print Name: _____ Date: _____

All requests for out of district professional days must be submitted at least thirty [30] days prior to the workshop with ample time for Board of Education approval.

A. Professional Day Information

a. I wish to be absent on: _____ [M/D/Y] for a [] Full Day [] Half Day AM / PM [circle one]

To attend: _____ [Name of Event]

Location: _____

ATTACH WORKSHOP DESCRIPTION AND COMPLETED REGISTRATION TO THIS REQUEST

b. [] I will or [] will not need a substitute.

c. Briefly describe the relevance to your current area of professional responsibility and how it will help you improve student achievement and/or meet the requirements of your assignment.

d. Explain how this PD experience will help you to meet district goals and the goals in your PDP.

e. How will you share the information gained from the workshop/conference with your colleagues?

[] Team meeting [] Faculty Meeting [] Other _____

f. Indicate the total number of professional days taken or approved to be taken this school year: _____

B. Estimate Cost

Registration Fee _____
Transportation [complete as applicable] _____
Car [total miles]: _____
Parking [estimate]: _____
Train Ticket [cost]: _____
Other [explain]: _____
Total Estimated Cost: _____

C. Authorization Signature of Staff Member: _____ Date: _____

After signing, please forward to your appropriate supervisor, Regular or Special Ed.

Regular Ed / Special Ed Approval Yes No _____ Supervisor of Curriculum or Supervisor of Special Services Date

Building Principal Approval Yes No _____ Principal Date

Superintendent Approval Yes No _____ Superintendent Date

Date of Board of Ed Approval: _____

Staff member must request substitute on AESOP after receiving pink approval copy from Superintendent's office.

PD FOLLOW-UP FORM MUST BE SUBMITTED WITHIN THREE DAYS AFTER THE WORKSHOP/CONFERENCE.