**PROFESSIONAL DAY REQUEST**

|  |  |
| --- | --- |
| **Name of Staff Member:** |       |

|  |  |
| --- | --- |
| **School Assignment (on day requested)** |       |

|  |  |
| --- | --- |
| **Conference/Workshop Title** |       |

|  |  |
| --- | --- |
| **Date/Time of Absence:** |       |

|  |  |
| --- | --- |
| **Name of Sponsoring Organization** |       |

|  |  |
| --- | --- |
| **Objectives** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Cost** |       |  | **Mileage Reimbursement** |       |

|  |  |
| --- | --- |
| **Approximate Total Cost of Conference/Workshop** |       |

|  |  |
| --- | --- |
| **Additional Costs** |       |

**PLEASE ENCLOSE A PROGRAM FLYER OR ANY OTHER MATERIAL RELATIVE TO CONFERENCE/WORKSHOP.**

|  |  |
| --- | --- |
| **Discussed with Supervisor/Administrator** |       |
|  | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |       |  | **Signed:** |       |
|  |  |  |  | Person Making Request |

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 (Office Use Only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved: |       |  | Declined: |       |

|  |  |
| --- | --- |
| Reason(if declined) |       |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |       |  | Signed:  |       |
|  |  |  |  | Executive Director |

Citation: Committee for Shared Services

Shared Services Teachers' Association

Collective Bargaining Agreement, Article 8