# BAYONNE PUBLIC SCHOOLS

Request for Professional Day(s)

Name:

Grade / Subject:

School: House: Date:

Approved absence is requested for the following date(s)

Location:

Provider Number:

Current attendance record:

Personal Illness Days Taken Personal Business Days Taken Professional Days Taken Other

(Attach Announcement)

|  |  |  |
| --- | --- | --- |
| Did you register for this workshop? | \_\_Yes | \_\_ No |
| Is there a Registration Fee for this workshop? | \_\_ Yes | \_\_ No |
| Are you seeking reimbursement for the Registration Fee? | \_\_ Yes | \_\_ No |
| Do you need a Purchase Order Number to register? | \_\_ Yes | \_\_ No |
| Do you need a Substitute? | \_\_ Yes | \_\_ No |

Briefly describe function to be attended, and state anticipated professional improvement:

Does this workshop address needs of the sub-groups? \_\_\_ YES \_\_\_ NO

Do you service Title I Students? \_\_\_\_ YES \_\_\_\_ NO

If yes, please check all that apply:

|  |  |
| --- | --- |
| * Students with disabilities
* White
* Hispanic
* Native American
* Other Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * English Language Learners
* African American
* Asian/Pacific Islander
* Economically Disadvantaged
 |

Approved \_\_\_\_\_\_\_ Disapproved \_\_\_\_\_\_\_\_ Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Approved \_\_\_\_\_\_\_ Disapproved \_\_\_\_\_\_\_\_ Principal/VP’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Approved \_\_\_\_ Disapproved \_\_\_\_\_ Asst. Superintendent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

\*PLEASE COMPLETE AND INCLUDE A TRAVEL FORM