LNSU Professional Day Request Form
(Conference/Workshop)

Teacher Name _____ Date Completed _____

School _____ School Year _____

FTE_____ Position_____

Support Staff – Reference Article VII, of the Joint Master Agreement
Teachers - Reference Article V, of the Master Agreement

- **Teachers may take "professional days" to attend professional meetings, workshops, conferences, or similar events during scheduled in-session work days. *NEW Teachers have the option to take professional days on non-scheduled in-session school days, unpaid. (This new provision allows for more flexibility and Professional Days can be taken July 1 – June 30 each year, including summer and school breaks. Note: If you take a 2-day workshop during the summer, for example, you will have 1 day remaining for the school year.)**
- **Teacher-Initiated Professional days will be deducted from the 3 days allocated to each full-time teacher per year.**
- **Professional Day Request Forms must be accompanied by a program brochure and other supporting documentation, including travel expenses (hotel costs, estimated mileage, etc.)**
- **Teachers will request permission to attend a professional activity as far in advance as possible.**

Event Name _____

Event Location_____ Institution/Sponsor _____

Dates/Times of event, and dates/times you will be absent from your regular duties, if applicable:

_____

Total number of days requested: _____ ***[max. 3 per year per full-time teacher]***

Reason for attending/relevance to your job/assignment:

_____

_____

_____

Estimated expenses to be paid by District:

$_____ Registration/Program Fees
$_____ Hotel
$_____ Meals

Other expenses (explain):
$_____ _____

Mileage reimbursement for use of personal vehicle:
_____ Estimated # of miles to be reimbursed

After the event, submit a reimbursement request for any expenses you pay for directly; anything other than mileage must be accompanied by a receipt. Attach a copy of this approved form to reimbursement request.

$_____ TOTAL ESTIMATED EXPENSES (excluding mileage)

*I agree that **I will reimburse** the school for all non-refundable District-paid expenses related to this event if I do not take or complete the workshop.* ***Employee Initials ____***

Employee Signature: _____ Date: _____

Request Approved _____ Denied and Reason _____

Principal/Director/Supervisor Signature: _____ Date: _____

Original form with administrator signature to School Office; copy to teacher.

School Office Use: Funding Source (G/L code 322) _____

Substitute needed (yes/no)_____ Dates/Times_____

Special instructions: _____

Revised 08/16/19