

BAYONNE PUBLIC SCHOOLS

Request for Professional Day(s)

Name: _____ Grade /Subject: _____
School: _____ House: _____ Date: _____
Approved absence is requested for the following date(s) _____
Location: _____ (Attach Announcement)
Provider Number: _____

Current attendance record:

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

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	☐ English Language Learners
☐ White	☐ African American
☐ Hispanic	☐ Asian/Pacific Islander
☐ Native American	☐ Economically Disadvantaged
☐ Other Ethnicity	

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**