

Trumbull Public Schools
2025-2026 REQUEST FOR PROFESSIONAL DAY LEAVE



Name: _____ Date Submitted*: _____

School / Office: _____

Day(s) & Date(s) of Requested Professional Day Leave: _____

Description of Workshop / Conference / Activity: _____

Connection between Requested Professional Day Leave 2025-2026 District Goals *see reverse* _____

_____ (continue on the reverse if necessary)

How do you plan to bring your learning back to your school, district or team? _____

(continue on the reverse if necessary)

Costs:	Amount	Charge to
Registration		
Transportation		
Meals		
Other (please specify)		
TOTAL		

Is substitute coverage required? Yes No

Note: Once this form has been approved, Central Office personnel will create the absence in AESOP.

Routing:

Approved Denied Principal / Supervisor: _____

Approved Denied Director of PPS (if required) _____

Approved Denied Assistant Superintendent _____

**Completed forms must be submitted from Principal/Supervisor to Assistant Superintendent no less than one week prior to the requested professional day(s). PLEASE ATTACH RELEVANT BROCHURE/INFORMATION TO THIS FORM. 8/2021*

