

Egg Harbor Township School District

Professional Day Application/School Business Day Application

Please circle the type of "day" you are requesting

Staff Member _____

Grade/ Subject _____

School _____

Date(s) of Leave _____

Sponsoring Organization _____

Location of Activity _____

Purpose of Professional Day _____

Signature of Requesting Staff Member _____ Date _____

Supervisor _____ Date _____

Initials of Building Principal _____ Date _____

PLEASE INDICATE THE FOLLOWING INFORMATION:

(Photocopies of all supporting documentation must be attached)

Entry / Registration Fees (copy must be attached) \$ _____

Mileage Exact: Round-Trip Mileage x current rate (.31). \$ _____

Please use MapQuest or Google Map. Mileage is from your respective school.

Round trip can be MapQuest/Google Map one way x 2.

Attach MapQuest or Google Map to request.

Tolls (please make every effort to be exact) \$ _____

Parking (estimate, if exact parking fee is not available) \$ _____

TOTAL \$ _____

Substitute Needed _____yes _____no

Requested Substitute _____

DO NOT WRITE BELOW THIS LINE

Approved _____ Denied _____

Director of Human Resource's Signature/Date

Fees _____ Paid Mileage _____ Paid Total Cost \$ _____

_____ Not Paid _____ Not Paid Board Approval Date: _____

NOTE: A written report of the activity must be submitted to the Assistant Superintendent's Office within ten (10) working days of the professional day.

PLEASE SEND YOUR REQUEST TO CAROL PRESTI AT CENTRAL OFFICE/SLAYBAUGH PRIMARY SCHOOL

Form Revised: 2/22/16