

Rumson School District Professional Day Request – In District

| Pri  | nt Name:  |   |          |  |              |         |                   |                  | Date        | :              |          |           |            |     |
|--|-----------|---|----------|--|--------------|---------|-------------------|------------------|-------------|----------------|----------|-----------|------------|-----|
|  | All r     | requests for in district p                                  | orofessi | onal days m  | ust be sub   | mitte   | d at leas         | st <b>thirty</b> | [30] da     | <b>ys</b> prio | r to the | PD day    | <i>y</i> . |     |
| Α.   |           | onal Day Information<br>I wish to be absent on              | [M       | [M/D/Y] for a Full Day Half Day AM / PM [circle or |              |         |                   |                  |             |                | e]       |           |            |     |
|  |           | To complete/work on:  | :        |  |              |         |                   |                  |             |                |          |           |            |     |
|  |           | Or  |          |  |              |         |                   |                  |             |                |          |           |            |     |
|  |           | To attend in-house PD                                       | ):       |  |              |         |                   |                  |             |                |          | Name      | of Program | n]  |
|  | b.<br>c.  | I will or<br>Briefly describe the re<br>student achievement | levance  | -  | rent area    | -       |                   | -                | -           | and ho         | ow it w  | ll help y | you impro  | ive |
|  | d.        | Explain how this PD ex                                      | perien   | e will help y                                      | you to mee   | et dis  | trict goa         | ls and/c         | or the go   | oals in y      | our PE   | )P.       |            |     |
|  | e.        | If applicable, how will                                     | you sha  | re the infor<br>Faculty Me                         |              | ined i  | from the<br>Other | e worksł         | nop/con     |                |          |           | lleagues?  | _   |
|  | f.        | Indicate the total num                                      | ber of I | orofessional                                       | days take    | n or a  | ipproved          | d to be t        | aken th     | is schoo       | ol year  | :         |            |     |
| B.   | Authori   | zation Signature  | e of Sta | f Member:  |              |         |                   |                  |             |                | _Date:   |           |            |     |
|  |           | After sig   | ning, pl | ease forward                                       | d to your a  | appro   | priate su         | uperviso         | or, Regul   | ar or Sj       | pecial I | Ed.       |            |     |
| Re   | egular Ed | / Special Ed Approval                                       | Yes      | No   | upervisor of | Curricu | lum or Su         | pervisor o       | f Special S | Services       |          |           | Date       |     |
| Building Principal Approval<br>Superintendent Approval |           |   | Yes      | •  |              |         |                   |                  | •           |                |          |           |            |     |
|  |           |   | Yes      | No   |              |         |                   |                  |             |                |          |           | Date       |     |
|  |           | Date of Board of  | Ed Ann   | oval:  |              | 5       | Superinten        | uent             |             |                |          |           | Date       |     |

Staff member must request substitute on AESOP after receiving approval from their supervisor.