

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 thirty	[30] da	ys prio	r to the	PD day	<i>y</i> .	
Α.		onal Day Information 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. c.	I will or Briefly describe the re 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 Faculty Me		ined i	from the 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 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.