

Rumson School District Professional Day Request – In District

Print Name:			Date:	
All	requests for in district p	orofessional	days must be submitted at least thirty [30] days prior to the	PD day.
A. Professi a.	onal Day Information I wish to be absent on	:	[M/D/Y] for a Full Day Half Day AN	ለ / PM [circle one]
	To complete/work on			
	Or			
	To attend in-house PD	:	[1	Name of Program]
b.	I will or	will not nee	ed a substitute.	
C.	•	-	your current area of professional responsibility and how it will the requirements of your assignment.	l help you improve
d.	Explain how this PD ex	perience w	ill help you to meet district goals and/or the goals in your PD	P.
e.	If applicable, how will Team meeting		he information gained from the workshop/conference with y culty Meeting Other	our colleagues?
f.	Indicate the total num	ber of profe	essional days taken or approved to be taken this school year:	
3. Authori	zation Signatur	e of Staff M	ember:Date:	
	After sig	ning, please	forward to your appropriate supervisor, Regular or Special E	d.
Regular Ed	/ Special Ed Approval	Yes N	OSupervisor of Curriculum or Supervisor of Special Services	Date
Building Principal Approval		Yes N		
Superintendent Approval		Yes N		Date
	Date of Board of		O Superintendent	Date