

**TRUMBULL PUBLIC SCHOOLS  
TRUMBULL, CONNECTICUT**

Request for Authorization for a Professional Day

Name \_\_\_\_\_

School / Office \_\_\_\_\_ Date of Request \_\_\_\_\_

**Day & Date of Activity** \_\_\_\_\_

Destination \_\_\_\_\_

Type of Activity\*

\_\_\_\_\_ Workshop or Conference

\_\_\_\_\_ School Visit

\_\_\_\_\_ Other In-District Activity

\_\_\_\_\_ Other Out-of District Activity

Please describe \_\_\_\_\_

\_\_\_\_\_

Goal/Initiative to be Addressed

\_\_\_\_\_ District

\_\_\_\_\_ Building

\_\_\_\_\_ Program

\_\_\_\_\_ Individual

Description of Goal/Initiative \_\_\_\_\_

\_\_\_\_\_

Rationale for Participation: \_\_\_\_\_

\_\_\_\_\_

How will the activity enhance your ability to improve student learning?

\_\_\_\_\_

\_\_\_\_\_

How do you plan to share the information from the activity with your colleagues?

\_\_\_\_\_

\_\_\_\_\_

**\* Activity brochure or printed information must be attached to this form.**

**NOTE: Requests are to be submitted to the principal or supervisor, then forwarded to Director of Curriculum at least one week prior to the date of the activity.**

**Over**

<u>COSTS:</u>	<u>AMOUNT</u>	<u>CHARGE TO*</u>
Registration	_____	_____
Transportation	_____	_____
Meals	_____	_____
Other (Please specify)	_____	_____
<b>TOTAL</b>	_____	

\*Charge to: Indicate that the cost will be charged to Building Funds, Individual Staff Member, and/or District-Wide Staff Development Funds. If building funds are used, include account number to be charged.

**Monday & Friday Sub Coverage is Extremely Limited.**

Is substitute coverage required? \_\_\_ Yes      \_\_\_ No

**(If yes, the teacher is responsible for creating their absence in AESOP.)**

Approved ___	Denied ___	Principal/Supervisor _____
Approved ___	Denied ___	Director of PPS (If Required) _____
Approved ___	Denied ___	Director of Curriculum _____
Approved ___	Denied ___	Assistant Superintendent _____
Reason for Denial or Special Conditions Imposed _____		
_____		

Reminder: If the conference/workshop is **not** a CEU provider, the teacher must complete the equivalent CEU request form (Appendix A) before attending the activity. The verification form (Appendix B) must be completed after the activity.