

**NARRAGANSETT SCHOOL SYSTEM
NARRAGANSETT HIGH SCHOOL APPROVAL OF PROFESSIONAL DAY(S)**

TO BE COMPLETED BY EMPLOYEE: (Submit at least 2 weeks prior to day(s) requested).

Date Submitted: _____

NAME(s): _____ Substitute(s) Needed: YES NO (circle one)

Within the provisions of the teachers contract, I request permission for a "Professional Day(s)" for school business on the following date(s):

DATE of PD: _____ A Day ___ B Day ___ **Time of PD:** _____ **Time Sub Needed:** _____

DATE of PD: _____ A Day ___ B Day ___ **Time of PD:** _____ **Time Sub Needed:** _____

Work Assignment: NES NPS NHS District (Please circle one)

Please be sure to include coverage for duties and advisory.

	Period 1 7:30 - 8:46	Period 2 TASC(indicate grade) 8:49 - 9:30	Period 3 9:33 - 10:49	Period 4 10:52 - 12:33	Period 5 12:36 - 1:52
A DAY				Lunch: 1 2	
B DAY				Lunch: 1 2	

EXPENSES REQUESTED: EXPENSES MUST BE INCLUDED BY EMPLOYEE ON PD FORM IF DISTRICT IS TO COVER THE COST, REGARDLESS OF WHO IS PAYING.

Amount:	Description:
Amount:	Description:

Description of PD: (Please attach documentation if necessary) _____ **Date(s) of PD:** _____

Location of Activity: _____

Rationale: _____

Employee's Signature (If expenses are requested, I agree to reimburse the district should I neglect to participate fully in this activity.)

TO BE COMPLETED BY ADMINISTRATOR/SUPERVISOR:

Approve Professional Day	Yes	No	Administrator:	Date:
Approve Substitute	Yes	No	Substitute Account Number:	
Approve Other Expenses	Yes	No	Amount:	Expenses - Account Number(s):

A purchase order requisition must accompany this form to central office if expenses are requested along with registration form.

IF REQUESTING THAT STUDENT SERVICES OFFICE PROVIDE FUNDING CHECK HERE-->

Director's Signature:	Date:
Other info/Notes:	Amount:

CENTRAL OFFICE ACTION:

Funds available and authorized for:				
Substitute	Yes	No	Amount:	P.O. #
Other Expenses	Yes	No		
Superintendent Signature:				Date: