

**BEVERLY PUBLIC SCHOOLS
BEVERLY, MASSACHUSETTS**

PROFESSIONAL DAY REQUEST

NAME: _____

DATE: _____

SCHOOL: _____

REQUEST FOR PROFESSIONAL DAY for the purpose of attending:

District sponsored activity: _____

Outside district activity: _____

(Supporting documentation must accompany Professional Day request, i.e., brochure, committee meeting, etc.)

A one page summary of workshop must be submitted to the Appropriate Assistant Superintendent within 10 days.

Substitute required

Acct. # (or Grant)

DATE(S) OF ABSENCE: _____

No. of Days _____

DAY(S) OF THE WEEK (circle) M T W TH F

Employee Signature: _____

Date: _____



Approved by: _____
Principal/Supervisor

Date: _____

Approved by: _____
Appropriate Assistant Superintendent

Date: _____

Denied by: _____
Appropriate Assistant Superintendent

Date: _____

Reason: _____



Due to an emergency, if you are unable to attend this professional day, you must notify the Substitute Coordinator as soon as possible.

*Professional Day Request must be submitted for approval to Central Office 15 school days prior to date of Professional Day.

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