

PEABODY PUBLIC SCHOOLS

27 Lowell Street, Peabody, Massachusetts 01960

Telephone: 978.536.6500

Dr. Josh Vadala
Superintendent of Schools

Dr. Kelly Chase
Assistant Superintendent

Dr. Mark Higgins
Assistant Superintendent

Professional Day Request

Please print on pink paper

Name:	
Position:	
School:	
Department:	
Activity:	
Location:	
Date(s) Requested: <i>Specify Day(s) of Week</i>	
Time(s):	

Briefly describe the educational value and relevance of this activity to your present assignment:

--

How do you plan to disseminate the knowledge acquired to your colleagues?

--

Substitute Required?	Yes	☐	No	☐	*Funding Required?	Yes	☐	No	☐
-----------------------------	-----	--------------------------	----	--------------------------	---------------------------	-----	--------------------------	----	--------------------------

**If funding is requested, please complete the Funding Source Form. Also, please attach a brochure/workshop announcement.*

Applicant Signature		Date:	
----------------------------	--	--------------	--

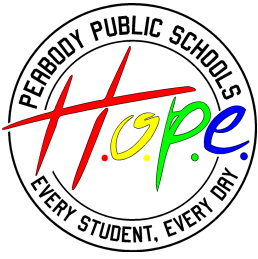
Principal Approval:		Date:	
Dept Head/Supervisor: (If Applicable)		Date:	
Superintendent Approval:		Date:	

Conditions of Approval

On approval by the Superintendent and Principal, this request should be sent to the Superintendent at least ten (10) school days preceding the event. No attendance at a Professional Day activity or use of a Substitute Teacher is authorized without prior approval from the Office of the Superintendent.

A report of the activity shall be submitted to the principal or Supervisor within ten (10) school days after the event. A copy of this request should also be sent to the Human Resources office.

Date Received at Central Office:		Date Sent to Attendance, HR & Payroll:	
Date Returned to Applicant:		Date Returned to Principal &/or Supervisor:	



PEABODY PUBLIC SCHOOLS

27 Lowell Street, Peabody, Massachusetts 01960

Telephone: 978.536.6500

Dr. Josh Vadala
Superintendent of Schools

Dr. Kelly Chase
Assistant Superintendent

Dr. Mark Higgins
Assistant Superintendent

Professional Day Request - Funding Source Form

Please print on blue paper

Name:	
Position:	
School:	
Department:	
Activity:	
Date(s) of Activity:	
Time(s):	
Funding Source:	
Include grant code # & line item:	

Funding Amounts Requested <i>(If school funding is not available)</i>	
Registration:	
Travel:	
Other:	

Funding Source for substitute::	
Include grant code # & line item:	

Applicant Signature		Date:	
----------------------------	--	--------------	--

Principal Approval:		Date:	
Dept Head/Supervisor: (If Applicable)		Date:	
Superintendent Approval:		Date:	

Conditions of Approval	
On approval by the Superintendent and Principal, this request should be sent to the Superintendent at least ten (10) school days preceding the event. No attendance at a Professional Day activity or use of a Substitute Teacher is authorized without prior approval from the Office of the Superintendent. A report of the activity shall be submitted to the principal or Supervisor within ten (10) school days after the event. A copy of this request should also be sent to the Human Resources office.	

Date Received at Central Office:		Date Sent to Attendance, HR & Payroll:	
Date Returned to Applicant:		Date Returned to Principal &/or Supervisor:	