

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

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

Name:			Date:		
Work Assignment:	NES	NPS	NHS	District	
Absence Requested:	With Pay	Without Pay	Substitute Needed:	Yes	No

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

EXPENSES REQUESTED:

Amount:	Description:
Amount:	Description:

Within the provisions of the teachers contract, I request permission for a "Professional Day(s)" for school business on the following dates: **Please attach documentation**

Description of PD	Date:
Location of Activity:	
Rationale:	
Employee's Signature: <b>If expenses are requested, I agree to reimburse the district should I neglect to participate fully in this activity.</b>	

**TO BE COMPLETED BY ADMINISTRATOR/SUPERVISOR:**

Approve Professional Day	Yes	No	Administrator:	Date:
Approve Substitute	Yes	No	Account Number:	
Approve Other Expenses	Yes	No	Amount:	Account:

A Purchase Order 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		
Other Expenses	Yes	No	Amount:	P.O. #
Superintendent Signature:				Date: