

WARREN COUNTY TECHNICAL SCHOOL DISTRICT

PROFESSIONAL DAY REQUEST

Employee _____ Date _____

Workshop Name _____

Presenter _____

Location _____

Date of Professional Day(s) _____

Time from _____ to _____

Approximate Mileage roundtrip *from Warren County Tech* to location and back _____

Approximate Hotel \$ _____ Tolls/Parking \$ _____

Registration Fee if any \$ _____ Meals/GSA Rate \$ _____

COMPLETE CHECKLIST BELOW (X or N/A)

	Submitted into AESOP system for approval (Teachers)
	Requisition Attached for Approval With Cost
	Workshop documentation attached
	Map of route attached

PLEASE SUBMIT **POST PROFESSIONAL DAY FORM WITHIN 10 WORKING DAYS,**
AND **ALL RECEIPTS** IN ORDER FOR REIMBURSEMENT

Staff Member's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

PO # _____

BOE Approval date _____