



SOUTH BERGEN JOINTURE COMMISSION

A district whose classrooms are not defined by walls;
whose students are not defined by their classifications.

BOARD OF EDUCATION

500 Route 17 South, Suite 307
Hasbrouck Heights New Jersey 07604
(T) 201-393-0475
(F) 201-288-2825
www.njsbjc.org

PROFESSIONAL DAY FORM

(Please make an appointment to see your Building Administrator or Supervisor prior to completing this form.)
(All professional day requests must be completed 30 days prior to the workshop and must be Board Approved.)

Name: _____ Date of Request: _____

List Workshop or Activity: _____
(Copy of information pertaining to the workshop must be attached.)

Organization Offering Workshop: _____

P.D.P. Objective: _____

***All Professional Workshops must be tied to the staff members P.D.P. Before requesting to attend any Professional Development programs, please make sure your P.D.P. addresses that area as the area of improvement.**

Location of workshop: _____

Date(s) of Professional Activity Requested: _____

Total Cost of Registration/Fee: _____

Amount Paid by Employee: _____ Amount Requested: _____

Describe any other cost for reimbursement: _____

Number of Workshops attended this school year (excluding this request): _____

BY SIGNING THIS FORM, I AGREE TO SUBMIT ALL THE NECESSARY PAPERWORK (WORKSHOP SUMMARY, PROOF OF PAYMENT AND CERTIFICATE OF ATTENDANCE) WITHIN 30 DAYS OF THE WORKSHOP OR I WILL FORFEIT ANY REIMBURSEMENT. I UNDERSTAND THAT IF THE PAPERWORK IS NOT SUBMITTED WITHIN THIS PERIOD, I WILL BE CHARGED FROM MY PERSONAL TIME FOR THE DAY(S).

Staff Member's Signature

OFFICE USE ONLY

Activity is:
Approved _____ Not approved _____

Building Administrator/Supervisor Signature

If approved, employee must provide a workshop to the faculty and staff on the content of this workshop.

Approved _____ Not approved _____ Amount Approved _____

Board Approval Date: _____

Superintendent Signature