

PROFESSIONAL DAY REQUEST AND REPORTING FORM

Teacher _____ Date _____

Date of Professional Day(s) _____

School or Group Sponsor Name _____

Travel Method _____

Point of Departure _____ Return _____

Approximate Distance _____

Title of Meeting _____ Start _____ End _____

Substitute Needed YES _____ NO _____

Substitute Preferred (Name) _____

Registration Fee _____ Approximate Travel Cost _____

Meals _____

Other Costs (List) _____

Approximate Cost _____

Please indicate how the information obtained at this meeting will be used to benefit your individual program. Also, indicate how the information might benefit other programs at Warren Tech. This information must be included as part of your follow-up report.

Principal Approval To Attend _____ Date Approved _____

Superintendent's Approval (OVERNIGHT TRIPS ONLY) _____

Follow-Up:

Please write a brief report for submission to the Principal's Office. Attach any pertinent information related to the workshop or seminar. The report will be available to all staff members and may be reproduced if necessary.

Teacher's Signature _____

A VOUCHER MUST BE COMPLETED AFTER THE TRIP TO RECEIVE PAYMENT OF EXPENSES.