PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424



Professional Day Request

Professional Day Re	quest			
		Request Information		
Employee Name:		Date of Request:		
Number of days requested:		Dates requested:		
Destination				
Destination:				
Purpose/ Benefits of c	onference:			
<u> </u>	<u></u>			
Substitute needed (circle one) YES NO		Is supporting documentation attached describing the event (circle one) YES NO		
EXPENDITURES			ANTICIPATED COSTS	
1. Fees / Re	gistration			
	personal car) – per mile			
3. Transportation (specify type: plane, train, bus etc.,)				
4. Housing				
5. Meals				
6. Miscellane	eous			
• To	olls			
• Pa	arking			
• G	ratuities			
• 0	ther			
	TOTAL			
Requ	ests over \$150.00 requir	e Board of Education appro	oval before attending event.	
Employee Signature			Date	
		Approval		
Department Head		Co	omments:	
Approved	Denied	Pending		
Principal:		Co	omments:	
Approved	Denied	Pending		
Superintendent		Comments:		

Pending

Denied

Approved