

**RAHWAY PUBLIC SCHOOLS
PROFESSIONAL RELEASE/DEVELOPMENT REQUEST**

Name of Applicant(s): _____	
Date: _____	
School: _____	Position: _____
Please check one:	
<input type="checkbox"/> Professional Development	<input type="checkbox"/> Professional Release

1. Describe the program or visitation that you are requesting to attend:

Name/Title: _____

Description: _____

Day(s) of week and date(s): _____

Location: _____

Workshop Cost: _____ Substitute: _____ Yes _____ No

Other Cost: _____ Total Cost: _____

(Attach registration form(s) and information)

2. Explain the relevance of the request to your building or district's goal. (Do not complete for a Professional Release request)

3. Indicate the number of professional days already taken or approved to be taken this school year: _____

Staff Member's signature: _____

Principal's Signature Date

Supervisor's Signature Date

Superintendent's Signature Date

For Central Office Use	
Approved	_____
Not Approved	_____
Account Number	_____
Amount	_____
_____	_____
Director of Curriculum & Instruction Signature	Date

Comments: _____
