



PROFESSIONAL DAY FORM

Form must be sent to Judi Fitzsimmons in the Central Office by the first Friday of the month

1. ACTIVITY _____
(Attach copy of registration form / flyer / correspondence)

2. LOCATION (Place, Town, State):

3. DATE: _____ TIME: _____

4. SPONSOR OF ACTIVITY: _____

5. FEES TO BOARD: This section must be completed IN FULL

Registration NO YES Amount _____ (Attach copy)

Hotel NO YES Amount _____ (Attach prior approval)

Meals NO YES Amount _____ (Attach prior approval)

Travel/Mileage NO YES

Substitute needed? NO YES

6. HOW DOES THIS ALIGN WITH PGP? _____

I HAVE SUBMITTED THIS ON AESOP

Requested By: _____ Date: _____

HS only: Dept. Supv. /Bldg. Dir./ Supv. _____ Date: _____

Principal /District Director / Supervisor: _____ Date: _____

Secretary's Initials _____

CENTRAL OFFICE USE ONLY

SUPERINTENDENT _____ DATE: _____

BOARD MEETING APPROVAL DATE: _____