

Agawam Public Schools  
1305 Springfield Street  
Feeding Hills, MA 01030

**PROFESSIONAL DAY (S) REQUEST**

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE/DEPT \_\_\_\_\_

PLEASE CHECK:  TEACHER  TEACHER ASSISTANT  ADMINISTRATOR  
 SECRETARY  DESCRIPTION ATTACHED

NUMBER OF DAYS REQUESTED \_\_\_\_\_ DATES (S) REQUESTED \_\_\_\_\_

PROFESSIONAL DEVELOPMENT TIERS – Stage(s) # \_\_\_\_\_ Goals(s) # \_\_\_\_\_ (see reverse)

DOES THIS PROFESSIONAL DEVELOPMENT PROGRAM CONTAIN A TECHNOLOGY COMPONENT?  
\_\_\_ YES \_\_\_ NO

TITLE OF CONFERENCE \_\_\_\_\_

TO BE HELD AT: \_\_\_\_\_

WILL A SUBSTITUTE BE NEEDED? YES \_\_\_ NO \_\_\_ DATE (S) \_\_\_\_\_

AMOUNT REQUESTED: Registration \$ \_\_\_\_\_ # Miles \_\_\_\_\_ x **.50** = \_\_\_\_\_ \*Tolls \$ \_\_\_\_\_

\*Meals \$ \_\_\_\_\_ \* Parking \$ \_\_\_\_\_ \*Hotel \$ \_\_\_\_\_ Total

→ \*There will be no reimbursement unless money is approved on this form. Estimate if the exact amount is not known.  
If you prepay registration, proof must be attached to expense voucher.

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(To be completed by Secondary Curriculum Specialist/Principal/Director):

IS THIS REQUEST A BUDGETED ITEM? SCHOOL BUDGET \_\_\_\_\_ GRANT BUDGET \_\_\_\_\_

IF COSTS ARE TO BE PAID BY A GRANT: GRANT NAME: \_\_\_\_\_

10-DIGIT CODE: \_\_\_\_\_

APPROVAL OF PRINCIPAL/DIRECTOR YES/NO \_\_\_\_\_  
(Signature) (Date)

Is this professional development request in accordance with their Individual Professional Development Plan? Yes \_\_\_ No \_\_\_

APPROVAL OF ASST. SUPERINTENDENT: YES/NO \_\_\_\_\_  
CURRICULUM/INSTRUCTION (Signature) (Date)

APPROVAL OF DIRECTOR OF FINANCE & HUMAN RESOURCES: YES/NO \_\_\_\_\_  
(Signature) (Date)

AMOUNT APPROVED BY THE DIRECTOR OF FINANCE & HUMAN RESOURCES: