

EAST RUTHERFORD SCHOOL DISTRICT REQUEST FOR PROFESSIONAL DAY

PLEASE SUBMIT TO SUPERINTENDENT'S OFFICE 30 DAYS PRIOR TO TRAVEL DATE

EMPLOYEE _____ DATE SUBMITTED _____

NAME OF ACTIVITY _____

DATE(S) OF ACTIVITY _____ ACTIVITY LOCATION _____

GENERAL NATURE OF ACTIVITY AND REASONS FOR ATTENDING: **(Attach all pertinent information)**

1=Staff Training & Seminar 2=Convention/Conference 3=Regular District Business 4=Retreat

EXPLAIN: (Include rationale of benefits to students or purpose for attending)_____

Are you willing to give a report/presentation to the faculty? _____

VENDOR NAME: _____ VENDOR CONTACT: _____

VENDOR ADDRESS: _____

IS THE ACTIVITY OUT OF STATE? ☐ YES ☐ NO INVOLVE AN OVERNIGHT STAY? ☐ YES ☐ NO

SCHOOL TIME TO BE MISSED: NONE FULL DAY HALF DAY AM HALF DAY PM

OTHER (SPECIFY TIMES)_____

IS COVERAGE NEEDED? YES NO

ESTIMATED COST OF REGISTRATION/TRAVEL/EXPENSES

REGISTRATION FEE ___NO ___YES AMOUNT \$_____

DID YOU REGISTER FOR THE WORKSHOP? __NO __YES

MILEAGE _____ Miles x .47 per mile = _____ TOTAL MILEAGE \$ _____

(Must attach mileage calculation from direction website (i.e. Mapquest, Google Maps, etc.)

(Must attach Personal Vehicle Documentation – Registration and Insurance) TOLLS \$ _____

OTHER (Please Specify) _____ ESTIMATED FARE \$ _____

TOTAL ESTIMATED FEES: Registration, Transportation \$_____

NOTE: All travel and travel related expense reimbursement must be in accordance with N.J.A.C. 6A:23B. Travel policies and rates of reimbursement are governed by the contractual agreements and by the New Jersey Department of Treasury (NJOMB Circular A-87).

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR/PRINCIPAL'S SIGNATURE _____ DATE _____

SUPERINTENDENT'S SIGNATURE
DATE

DATE OF BOARD APPROVAL _____

BUDGET ACCOUNT TO BE CHARGED