

**REQUEST FOR USE OF PROFESSIONAL DAY  
BURLINGTON PUBLIC SCHOOL**

Request for Professional Day Leave

Date of Request:

Name:

Workshop Title:

Date of Workshop:

Time of Workshop:

Location of Workshop:

Reason for Attending Workshop:

Number of Workshops/Professional Days attended this school year:

Will a Substitute be needed?

Name of Substitute:

Full Day?

If Partial Day Only, State which Class Periods:

Check One:      Will Use Personal Vehicle:

Request School Vehicle:

***Signatures required:***

Principal's Approval \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval \_\_\_\_\_ Date: \_\_\_\_\_