

**HUDSON COUNTY SCHOOLS OF TECHNOLOGY  
PROFESSIONAL DAY / FIELD TRIP REQUEST FORM : 9250**

Please check one:     PROFESSIONAL DAY                       FIELD TRIP  
*(Please attach backup documentation, (e.g. registration form, workshop/conference brochure, etc.)*

Employee Name/Title: \_\_\_\_\_

Program/Center: \_\_\_\_\_ Event: \_\_\_\_\_

Date(s): \_\_\_\_\_

Are there expenses associated with this event?     Yes     No

**NOTE:** If only mileage reimbursement is being requested board approval is **NOT** required.

**Travel and Related Expenses Requirements**

- promotes the delivery of instruction and is critical to the instructional needs of the school district or furthers the efficient operation of the school district; and
- is educationally necessary and fiscally prudent; and
- is directly related to and within the scope of the Board Member's current responsibilities and for school district employees, the school district's professional development plan.

If you are taking a professional day will you be using your own vehicle?    \_\_\_ Yes    \_\_\_ No  
If yes, please provide the name of your insurance company and policy #:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I attest that I have a valid driver's license and automobile liability insurance in effect.

Date: \_\_\_\_\_

Employee Signature

Within fifteen (15) days after completed travel the employee shall provide a brief report to the Superintendent that includes, as appropriate, but may not be limited to, a description of the primary purpose for the travel, and a summary of the goals and key issues that were addressed at the event and their relevance to improving instruction or the operation of the school district. (This form is available online) **THIS REQUIREMENT ONLY APPLIES TO PROFESSIONAL DAY REQUESTS**

**DO NOT WRITE BELOW THIS LINE – FOR SUPERVISOR/SUPERINTENDENT'S USE ONLY**

Your request is hereby:     Approved                       Not Approved

Date: \_\_\_\_\_

Principal/Supervisor/Department Head

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Your request is hereby:     Approved                       Not Approved

Date: \_\_\_\_\_

Frank J. Gargiulo, Superintendent of Schools

Board Approval Date: \_\_\_\_\_

Resolution No. \_\_\_\_\_

Check here if Board Approval is **not** required