

**EAST HARTFORD PUBLIC SCHOOLS
REQUEST FOR PROFESSIONAL DEVELOPMENT/CONFERENCE**

PLEASE SUBMIT TO ASSISTANT SUPERINTENDENT **10 DAYS** IN ADVANCE.

IF APPROVED FOR OUT OF DISTRICT EVENTS:

-  **Certified Teachers MUST** report absences to Kelly Services @ www.kellyeducationalstaffing.com or 1-800-942-3767
-  **Administrators MUST** request approval through MUNIS Employee Self Service ESS @ <https://ehps.munisselfservice.com/default.aspx>
-  **Non-Certified employees MUST** report absences through Aesop @ <https://www.aesoponline.com/login2.asp> or 860-622-5035

INSTRUCTIONS:

Certified and Non-Certified Staff: Please complete Section A and submit this form to your Administrator/Supervisor.
Administrators: Please submit your request and report your absence using MUNIS Employee Self Service ESS

1. NAME: _____ TODAY'S DATE: _____
LOCATION: _____ POSITION: _____
DATE[S] OF PROPOSED PD/CONFERENCE: _____ TIME OF EVENT: _____ TO _____
TITLE OF EVENT: _____
LOCATION OF EVENT: _____

<input type="checkbox"/> NO SUBSTITUTE NEEDED
<input type="checkbox"/> SUBSTITUTE NEEDED

<input type="checkbox"/> NOT REGISTERED
<input type="checkbox"/> REGISTERED (ATTACH CONFIRMATION)

\$ _____ REGISTRATION FEE TO BE PAID BY: _____ PURCHASE ORDER [DISTRICT] # _____
_____ PURCHASE ORDER [GRANT] _____
_____ PAID BY PARTICIPANT [TO BE REIMBURSED]
_____ PAID BY PARTICIPANT [NO REIMBURSEMENT]

EMPLOYEE SIGNATURE: _____ **DATE:** _____

2. **DEPT HEAD/SUPERVISOR** _____ **DATE:** _____
_____ APPROVED _____ NOT APPROVED

PRINCIPAL _____ **DATE:** _____
_____ APPROVED _____ NOT APPROVED

DIR. PUPIL PERSONNEL _____ **DATE:** _____
_____ APPROVED _____ NOT APPROVED

3. **ASSISTANT SUPERINTENDENT** _____ **DATE:** _____
_____ APPROVED _____ NOT APPROVED