



ROWAN-SALISBURY SCHOOL SYSTEM

STAFF DEVELOPMENT GROUP PARTICIPATION REQUEST FORM

This form is to be used when multiple staff members are attending the same staff development at the same time.

School: _____ Requested By: _____

Title of Activity: _____

Location of Activity: _____

Date(s) of Activity: _____

Please list all Participants and select half-day or full-day Sub is needed:

Substitute Code: _____

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Principal Signature: _____

Director Signature: _____

Page 2 if needed:

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Principal Signature: _____

Director Signature: _____