

Leave of Absence

Employee #10042

From: effective September 27, 2017 through October 10, 2017 utilizing available sick days, and an unpaid medical leave of absence from October 11, 2017 through January 10, 2018 pursuant to the Family Medical Leave Act. He is also requesting an unpaid medical leave of absence from January 11, 2018 through March 27, 2018.

To: effective September 27, 2017 through October 10, 2017 utilizing available sick days, and an unpaid medical leave of absence from October 11, 2017 through January 10, 2018 pursuant to the Family Medical Leave Act. He is also requesting an unpaid medical leave of absence from January 11, 2018 through January 12, 2018.

Employee #30589

From: effective November 8, 2017 through January 22, 2018 utilizing available sick days and an unpaid medical leave of absence from January 23, 2018 through January 30, 2018, pursuant to the Family Medical Leave Act.

To: effective November 8, 2017 through January 22, 2018 utilizing available sick days and an unpaid medical leave of absence from January 23, 2018 through January 24, 2018, pursuant to the Family Medical Leave Act.

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

OVERNIGHT FIELD TRIP APPROVAL FORM

PLEASE COMPLETE ALL OF THE NECESSARY INFORMATION ON THE ATTACHED REGULATIONS BEFORE SUBMITTING THIS FORM.

THE TRIP ARRANGEMENTS CANNOT BE MADE WITHOUT BOARD OF EDUCATION APPROVAL

School: Parsippany High School Date: January 16, 2018c

Date of Trip: March 2-4, 2018 Grade Level & Subject: 9-12 Number of Students: 5

Co-Curricular Activity/Group: Varsity Wrestling Team

Destination*: Boardwalk Hall/Bally's Hotel Atlantic City, NJ Phone# 609-340-2000

*If co-curricular activity what is the rationale for missing instructional time? NJSIAA State Wrestling Tournament

Address: 1900 Boardwalk Atlantic City, NJ

Description of Program:

How is this trip related to the curriculum at this grade level? Please be specific.

What academic preparation has been done prior to this trip?
Students have been training all season long for this opportunity to compete in the state tournament

List follow-up activities to be done in class after the trip.

1. _____
2. _____
3. _____

How is this proposed trip the best method available for achieving the desired learning outcome?

Transportation Information	
Means of Transportation: <u>Personal Vehicles</u>	Provider: <u>Coaches</u>
Cost: <u>166.16</u>	Phone #: _____
Departure from School: <u>10am 3/2/18</u>	Arrival at Destination: <u>1pm 3/2/18</u>
Departure from Destination: <u>5pm 3/4/18</u>	Arrival at School: <u>8pm 3/4/18</u>

Total Cost Information	
Admission/Registration Cost: <u>1740.16</u>	Cost to Parent: <u>none</u>
Funding Source: <u>district</u>	

PLEASE CHECK THAT YOU HAVE READ THE FIELD TRIP REGULATIONS

<u>Names of Teachers/Staff Members:</u>	<u>Names of Non-Staff Chaperones:</u>
Joseph Dasti <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>
Steven Miller <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>
Jerry McMickle <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

NURSE NEEDED YES NO DESTINATION ON APPROVED LIST YES NO

[Signature] 1/15/18
APPROVED PRINCIPAL DATE
Barbara Sargent 1/16/18
APPROVED CENTRAL OFFICE DATE

APPROVED BY BOARD OF EDUCATION

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

OVERNIGHT FIELD TRIP APPROVAL FORM

PLEASE COMPLETE ALL OF THE NECESSARY INFORMATION ON THE ATTACHED REGULATIONS BEFORE SUBMITTING THIS FORM.

THE TRIP ARRANGEMENTS CANNOT BE MADE WITHOUT BOARD OF EDUCATION APPROVAL

School: Parsippany High School Date: January 16, 2018

Date of Trip: 3/2/18-3/4/18 Grade Level & Subject: 9-12/Swim Number of Students: 2

Co-Curricular Activity/Group: Swimming

Destination*: Gloucester Institute of Technology Phone# 856-468-1445

*If co-curricular activity what is the rationale for missing instructional time? _____

Meet of Champions (Swimming States) _____

Address: 1360 Tanyard Road Sewell, NJ 08080

Description of Program: Swimming States

How is this trip related to the curriculum at this grade level? Please be specific.

What academic preparation has been done prior to this trip?

List follow-up activities to be done in class after the trip.

1. _____
2. _____
3. _____

How is this proposed trip the best method available for achieving the desired learning outcome?

Transportation Information

Means of Transportation: Bus Provider: _____

Cost: _____ Phone #: _____

Departure from School: 12:00 PM March 2, 2018 Arrival at Destination: 2:30 PM March 2, 2018

Departure from Destination: 2:00 PM March 4, 2018 Arrival at School: 5:30 PM March 4, 2018

Total Cost Information

Admission/Registration Cost: District Cost to Parent: None

Funding Source: _____

PLEASE CHECK THAT YOU HAVE READ THE FIELD TRIP REGULATIONS

Names of Teachers/Staff Members:

Jemila Najjar-Keith

McKenzie Price

Names of Non-Staff Chaperones:

NURSE NEEDED YES NO DESTINATION ON APPROVED LIST YES NO

[Signature] 1/15/18
APPROVED PRINCIPAL DATE

[Signature] 1/16/18
APPROVED CENTRAL OFFICE DATE

APPROVED BY BOARD OF EDUCATION