

**Elko County School District**

**Request for Short School Day / Partial Day For Professional Development**

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

**Reason for Request:**

- \_\_\_ Professional Development
- \_\_\_ Student Activities
- \_\_\_ Parent-Teacher Conferences
- \_\_\_ Other \_\_\_\_\_

Short Day School Hours \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

**Explain Reason For Request:**

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**How will students be impacted by the loss of instructional time?**

*Short days must meet requirements set forth in NAC 387.105 & 387.140.*

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Superintendent's Signature**

\_\_\_\_\_  
**Date**

**Approved**

**Disapproved**

**All days for professional development must have prior approval of the Superintendent of Public Instruction.**