

Approved

Questions/Concerns: elemaire@mseanea.org

Denied



REQUEST TO ATTEND MEETINGS AND CONFERENCES

Division of Instruction and School Administration
10910 Clarksville Pike
Ellicott City, MD 21042

2018-2019

Application Process

1. The completed application must be submitted to an employee's principal/supervisor for review and approval 16 calendar days prior to the conference.
2. Upon receipt of the principal's/supervisor's signature, the applicant must scan and forward the request to the Article 13 Committee at Article13@hcpss.org
3. Application deadlines will be the 15st and 30th of each month, or, the following weekday if those dates fall on a weekend.
4. An application will not be considered if three (3) teachers in a building are already scheduled for attendance at professional meetings/conferences on the day(s) requested.
5. Requests for days/funds are considered biannually. Explanation: You can receive both days/funds in one request in one year, or, you can divide the request and submit days and funds separately in one year. If you received days last year, you can request funds this year. If you received funds last year, you can request days this year.
6. You cannot submit for hotels if you PD is within 50 miles of your school site unless you are going to Washington, DC.
7. The Article 13 Committee will review the application and forward its recommendation to the appropriate Performance, Equity, and Community Response Officer for a final decision.
8. The Performance, Equity, and Community Response Officer will return the application to the applicant by pony mail.
9. Your reimbursement will not exceed your approved amount.

Activity Information

Name: _____ Position: _____

Date of Conference: _____ School/Assignment: _____

Number of sub days required: _____ Place activity will be held: _____

Name of organization sponsoring activity: _____

Consult <https://www.gsa.gov/travel/plan-book/per-diem-rates> to determine travel/mileage/meal rates.

Registration: \$ _____

Travel: \$ _____

Hotel: \$ _____ per night X _____ nights = \$ _____

Food: \$ _____ per day X _____ days = \$ _____

Total \$ _____

Anticipated Activity Outcomes

1.State the purpose of this activity:

2. Describe how you foresee sharing this activity improving instruction:

3. List any other source(s) of financial assistance, including amounts, or days which you are receiving for this activity:

4 List any funding and/or days for which you received Article 13 compensation for professional development last school year.

Acknowledgement

By submitting this application, I understand and agree to the following:

1. My application is accurate and complete. Failure to complete honestly and accurately may result in the loss of current or future funds.
2. My completion and submission of an application does not automatically grant approval, in full or part, of my request.
3. I understand that my request may be denied based upon the needs of the school on the requested days.

Applicant's Signature _____

Disposition

My/Our signature signifies that I/we have reviewed this application and believe the information to be accurate, complete, and for the purpose described.

Principal/Supervisor

Date

Article 13 Committee

Date

Performance, Equity, and Community Response Officer

Date

NOTE: If the application is denied at any point, an explanation must be provided below:

Article XIII Travel Tips:

1. The paperwork must be submitted and approved prior to the conference or PD you are attending.
2. You cannot request more reimbursement than what your Article 13 paperwork approved.
3. You may ask for funds as well as sub days.
4. No travel outside the country, Alaska, or Hawaii will be approved.
5. Hotels will not be provided for conferences under 50 miles except for Washington, D.C.
6. Forms need to be submitted by the 15th and 30th of each month, so make sure you leave enough time to get your paperwork approved prior to your conference.
7. Spend the time prior to your trip calculating your expenses.
8. Remember to keep all of your itemized receipts; consider taking pictures of your receipts for your records.
9. Alcohol charges will not be reimbursed.
10. If you have any questions, you can contact:
 - a. Workday Expenses and Report Issues extension 7004, option 7, then option 4.
 - b. Mary Goff (Mary_Goff@hcpss.org) Art. XIII co-chair
 - c. Cindy Waugh (Cindy_Waugh@hcpss.org) Art. XIII co-chair