

Professional Development

Application Process

1. Complete the *Request for Professional Development Leave form*.
(The form can be either filled out on your computer and then printed, or printed and then filled out by hand)
2. Submit the *Request for Professional Development Leave form*
(include conference/workshop description/brochure/flyers as required) to Building Principal for approval. If there is a special fund that will accommodate the expenses, the designee for that fund needs to sign also for approval.
3. If the Building Principal approves the *Request for Professional Development Leave* - submit all required forms and supporting documentation to Amber Barton at the Service Center.
(Requests must be made a minimum of two (2) weeks before the registration deadline or event)
4. The following are the forms and support materials that should be submitted—
 - A. Completed *Request for PD Leave form*
 - B. Completed *Purchase Request(s)* as necessary (including registration, lodging, etc.). Complete one Purchase Request per vendor. Must include any anticipated expenses.
 - C. A MAP Quest if anticipating mileage reimbursement. The location starting point should be either the school/office address, or home address – whichever location is closer.
5. *Following the Professional Development activity*, please submit the following to Amber Barton at the Service Center for reimbursement –
 - A. *Travel Expense Report Form (include all expenses and receipts if necessary)*
 - B. *Certificate or Agenda from training event*
 - C. *A MAP Quest*

Request for Professional Development

14-15

KRS 158.070 requires four (4) days of the minimum school term to be used for PD activities for the building level professional staff. Programs should engage educators in effective learning processes and foster collegiality and collaboration. They should provide support for staff to incorporate newly acquired skills into their work through practicing the skills, gathering information about the results, and reflecting on their efforts.

Name:	School:	
Job Title:	Date(s) of Training/Conference:	
Location of Training:	City:	State:

Title of Training:

Description of Training:

How does this training relate to the School or District Improvement Plan?

How will this training help you impact school improvement and in what areas?

How will this training help you "acquire and apply knowledge, understanding, skills, and abilities to achieve personal, professional, and organizational goals and to facilitate the learning of students"?

This activity will count as part of the required 24 hours of PD Credit for current School Year: Yes No

Training is not during school hours

Sub Required: Yes No Fund for Sub Pay:

Charge Expenses to: (Principal & Fund Designee must sign at bottom of the form for approval)

- School PD or Activity Fund (Principal must approve, and attach a PO Request)
- District PD (Principal & District Level Administrator approval is required)
- IDEA Part B, Basic or Preschool (Principal and Director of Special Education approval is required)
- Preschool Program (Principal and Director of Preschool Program approval is required)
- Family or Youth Services (Principal and District Level Administrator approval is required)
- Title I (Principal & Title Coordinator approval is required)
- Title II (Principal & Title Coordinator approval is required)
- F.I.T. for Life (District Level Administrator approval is required)
- 21st Century (District Level Administrator approval is required)

Request for Professional Development

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Payment for Expenses
*If there is no expense, please put a 0 or mark NA

Expense Requirements:

APPROXIMATE COSTS:

Registration Fee <i>(attach flyer or description of workshop/ Conference)</i>	\$ _____	A Purchase Request is Required (allow a minimum of two (2) weeks prior to registration deadline for processing)
Hotel Fees (If applicable) Hotel Name: _____ Hotel Address: _____ City & State: _____ Zip: _____ Check In Date: _____ Check Out Date: _____	\$ _____	A Purchase Request is Required
Travel (Mileage) _____ miles x _____ rate =	\$ _____	Must include A MAP Quest
Meals (only with an overnight stay) *\$40 a day	\$ _____	List estimated meal expenses
Travel (Airfare)	\$ _____	A Purchase Request is Required
Total Approximate Cost of Fees:	\$ _____	<u>Reimbursement Requirement:</u> Following a PD, please complete a travel expense report.

Applicant's Signature: _____ Date of Request: _____

Principal's Signature: _____ Date: _____ Accept Reject

Director of Special Education, Title Coordinator, or other Program Administrator _____
(Appropriate signature indicates that the cost of the PD activity will be paid from funds through program specified.)

For Chief Academic Officer Use Only: Accept Deny Approval Code #: _____

If denied, note reason here: _____

Chief Academic Officer Signature: _____ Date: _____

NEWPORT BOARD OF EDUCATION

NEWPORT INDEPENDENT SCHOOL DISTRICT NEWPORT, KY

PURCHASE REQUISITION FORM

Submit (1) Per Vendor for: Orders, Registration, Hotel, & Reimbursement Expenses

Name of Vendor: _____

Address: _____

Phone/Fax: _____

Fund for Expenses: _____

Quantity	Description of Item Requested	Code No.	Unit Price	Amount
				\$

Date: _____

School: _____

Requested By: _____

Approved By: _____

PO# Assigned _____

Travel Expense Report

The person submitting this report is responsible for paying all expenses, obtaining receipts for all expenses, and filing this detailed accounting. Except for meals, which are paid on a per diem basis, receipts must be attached to this report. Reimbursement will not be made for expenses that do not include a receipt.

Expense Report for: _____ School: _____

Purpose of Trip: _____

Location (City/State): _____ Total Mileage: _____ x _____ state rate = _____

Date(s) of Trip: From: _____ To: _____ Expenses Of: _____ Person(s)

Authorized By: _____ Charge To: _____
 (Professional Development, Gifted, S-T-W, Technology, TECH Prep, General Fund, Etc.)

*Daily Meal Limit is \$40.00
 (Meals are only reimbursed with an overnight stay.)

Enter Date								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Mileage At _____ Mile								
Plane Fare (standard coach)								
Bus Fare								
Taxi								
Lodging (standard room /conference rate)								
Breakfast \$10.00*								
Lunch \$10.00*								
Dinner \$20.00*								
Tips								
Registration Fees								
Material								
Meals for Others								
Misc.								
TOTAL								

Less Board PO's _____
 Less Board Credit Card _____
 Balance due employee _____

I certify the foregoing to be a true, correct, and accurate statement of expenses incurred by me for the activity covered by and during the period shown in this Report.

 Employee Signature

 Date

 Approval

 Date

Review/Revised: 10/17/12

Regulation on Travel Expense and Reimbursement

COMMONWEALTH OF KENTUCKY
FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER

200 KAR 2:006

Informational Copy Revised 09/30/2014

The mileage reimbursement rate for Oct. 1-Dec. 31, 2014 is 46¢ per mile.

Mileage Rate History

Began	Through	Rate per Mile
January 1, 2015	March 31, 2015	Next Scheduled Review
October 1, 2014	December 31, 2014	\$0.46
July 1, 2014	September 30, 2014	\$0.48
April 1, 2014	June 30, 2014	\$0.46
January 1, 2014	March 31, 2014	\$0.45
October 1, 2013	December 31, 2013	\$0.46
July 1, 2013	September 30, 2013	\$0.47
April 1, 2013	June 30, 2013	\$0.47
January 1, 2013	March 31, 2013	\$0.45
October 1, 2012	December 31, 2012	\$0.48
July 1, 2012	September 30, 2012	\$0.46
April 1, 2012	June 30, 2012	\$0.48
January 1, 2012	March 31, 2012	\$0.45
October 1, 2011	December 31, 2011	\$0.47
July 1, 2011	September 30, 2011	\$0.47
April 1, 2011	June 30, 2011	\$0.47
January 1, 2011	March 31, 2011	\$0.44

The reimbursement rate is determined using the American Automobile Association (AAA) Daily Fuel Gauge Report for Kentucky for regular unleaded gasoline. The gasoline cost used for the calculation is located on the AAA website at <http://198.6.95.31/KYavg.asp>.

The rate shall be adjusted on January 1, April 1, July 1, and October 1 each calendar year based on the average retail price of regular grade gasoline for the week beginning on the second Sunday of the prior month as follows:

	AAA Average Weekly Fuel Cost	Reimbursement Per Mile
a.	\$.01 to \$1.499	36 cents per mile
b.	\$1.50 to \$1.699	37 cents per mile
c.	\$1.70 to \$1.899	38 cents per mile
d.	\$1.90 to \$2.099	39 cents per mile
e.	\$2.10 to \$2.299	40 cents per mile
f.	Greater than \$2.299	41 cents plus 1 cent for every 20 cent increase

Mileage for in-state travel shall be based on the "Kentucky Official Highway Map", mileage software or MapQuest website. Out-of-state mileage shall be based on the most recent edition of the "Rand McNally Road Atlas", mileage software or MapQuest website.

Section 4(a) and Section 8(2)(d) of the revised travel regulations