

# REQUEST FOR AUTHORIZATION TO ATTEND CONFERENCE/WORKSHOP

(prior Superintendent approval required per N.J.A.C. 6A:23A-7 et.seq.)

All requests shall be governed in accordance with Board Policy & Regulations #6471(R)

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

I request permission to attend the following meeting or conference:

Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Purpose for attending: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_ Date(s) substitute needed: \_\_\_\_\_

### TOTALS

### ACCOUNT CODE

#### EXPENSES

Registration Expenses

Employee Paid     District Paid    \$ \_\_\_\_\_

#### TRAVEL

Mileage  
(# of miles round trip) \_\_\_\_\_ .35/mile    \$ \_\_\_\_\_

Tolls \_\_\_\_\_

Parking \_\_\_\_\_

Food \_\_\_\_\_

Lodging  
(include all fees)    \_\_\_\_\_  
(# of nights)    (Rate/day) \_\_\_\_\_

**TOTAL TRAVEL**    \$ \_\_\_\_\_

**TOTAL EXPENSES**    \$ \_\_\_\_\_

Substitute

Yes     No    \_\_\_\_\_ (# days)

\_\_\_\_\_ Resolution No.                      \_\_\_\_\_ BOE Approval Date

Route for Approval/Action	Initials	Date
Principal (responsible for account code)		
Director of Curriculum & Instruction		
Superintendent		
Business Administrator		

# WORKSHOP EXPENSE CLAIM FORM

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

	<u>TOTALS</u>	<u>ACCOUNT CODE</u>
<b>EXPENSES</b>		
Registration Expenses		
<input type="checkbox"/> Employee Paid <input type="checkbox"/> District Paid	\$ _____	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>TRAVEL</b>		
Mileage	\$ _____	
(# of miles as approved) _____ .35/mile	_____	
Tolls	_____	
Parking	_____	
Food	_____	
Lodging	_____	
(include all fees)	_____	
_____ (# of nights)    _____ (Rate/day)	_____	
<b>TOTAL TRAVEL</b>	\$ _____	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>TOTAL EXPENSES</b>	\$ _____	

Resolution No. \_\_\_\_\_

BOE Approval Date \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address if other than school: \_\_\_\_\_

**NOTE: ALL RECEIPTS MUST BE ATTACHED TO FORM BEFORE PAYMENT WILL BE ISSUED.  
INSURANCE CARD AND DRIVER'S LICENSE MUST BE ATTACHED FOR MILEAGE  
Attach original approved Conference/Workshop Request and Evaluation Forms**

I hereby certify that the above statement is just and correct and that the amount is due, and that prior written approval for these expenditures was obtained.

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that this account has been examined and, to the best of my knowledge and belief, the amounts claimed were necessary for the performance of the claimant's assignments or in accordance with an approved Professional Leave Request.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OUT OF DISTRICT PROFESSIONAL DEVELOPMENT POST CONFERENCE EVALUATION FORM

Attendee: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

Conference/Workshop: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

**Statutory Requirement.** Following the event, attendees must provide a brief report for items A, B, and C listed below along with submission of expense claims (travel requirements at N.J.A.C. 6A:23A-7)

A. Primary purpose of workshop:

\_\_\_\_\_  
\_\_\_\_\_

B. Key issues addressed:

\_\_\_\_\_  
\_\_\_\_\_

C. Relevance to improving instruction or operation:

\_\_\_\_\_  
\_\_\_\_\_

Please rate this workshop(s) on a scale of 1-5 (1=lowest & 5=highest).

- |   | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How relevant was this workshop to your needs?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How would you rate the usefulness of the material?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How well will you be able to integrate the skills that you have learned? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How do you rate the presenter(s)?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Would you recommend this workshop to others?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How would you rate the overall training?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the following questions:

7. What aspects of the workshop will be most valuable in your work?

\_\_\_\_\_  
\_\_\_\_\_

8. How will you share the information with others?

\_\_\_\_\_  
\_\_\_\_\_

Please complete and return this form to the Office of Curriculum & Instruction. Thank you for participating in this workshop. We encourage everyone to turnkey valuable information to district colleagues.

# **INSTRUCTIONS**

## **REQUEST TO ATTEND WORKSHOP/ EXPENSE CLAIM FORM**

### **BEFORE Attending Workshop/Conference:**

- Employee completes “**Request for Authorization to Attend Workshop/Conference**” a minimum of one month prior to the event to allow for required Board of Education approval.
- If travel expenses will be incurred, employee must include a mileage backup (i.e. MapQuest or Google Maps) report from building or home to destination (whatever is shorter); anticipate tolls, if applicable.
- Building Principal/Supervisor supplies account code and approves Request Form.
- Employee sends Request Form to the Office of the Director of Curriculum & Instruction for approval and Board agenda.
- After Board approval, Central Office will return the approved Request Form to employee.
- If prior payment is required, Building/Department Secretary prepares Purchase Order Requisition, scanning Request Form and registration as Requisition Backup.

### **AFTER Attending Workshop/Conference:**

- Employee submits “**Professional Development Evaluation Form**” to Diane Fisher, Central Office with a copy to Secretary to attach as Requisition back-up.
- Employee prepares “**Expense Claim Form**” including proof of attendance
- If employee paid registration, provide proof of payment.
- If employee incurred travel expenses, provide copies of automobile registration AND insurance as well as the MapQuest or Google Maps report to support mileage driven.
- Employee supplies receipts for applicable expenses, such as tolls, parking, lodging, food
- Building Principal/Supervisor signs “Expense Claim Form.”
- Employee submits APPROVED Request Form AND Expense Claim Form including ALL PAPERWORK to Building/Department Secretary.
- Secretary prepares Purchase Order Requisition, scanning all forms as Requisition Backup.
- Employee will be reimbursed after the Board Meeting approval of expenses.

**Reimbursement will only be made for up to the amounts that are Board approved.**

**If any component of the procedure is missing or incomplete, forms will be returned for correction and reimbursement will be delayed.**

**All submissions must conform to Board Policy #6471.**

**Please be sure to keep copies of all forms and receipts for your records.**