

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) _____ .47/mile \$ _____

Tolls _____

Parking _____

Food _____

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

TOTAL TRAVEL \$ _____

TOTAL EXPENSES \$ _____

Substitute

Yes No _____ (# days)

All rates for food, lodging, and travel will be in accordance with the U.S. General Services Administration. Please refer to the following [website](#) as you complete your request form. All rates are determined based on the location of the workshop.

_____ Resolution No.

_____ BOE Approval Date

Route for Approval/Action	Initials	Date
Supervisors (PV & PTHS only)		
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: _____

TOTALS

ACCOUNT CODE

EXPENSES

Registration Expenses

Employee Paid District Paid

\$ _____

TRAVEL

Mileage
(# of miles as approved) _____ .47/mile \$ _____

Tolls _____

Parking _____

Food _____

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

TOTAL TRAVEL \$ _____

TOTAL EXPENSES \$ _____

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.
AUTO INSURANCE CARD AND REGISTRATION 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.
- All rates for food, lodging, and travel will be in accordance with the U.S. General Services Administration. Please refer to the following [website](#) as you complete your request form. All rates are determined based on the location of the workshop.
- 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 Deirdre Tahan, 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.