

Contract Language

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Section 6C New Certified Staff Funds

The District will provide a one-time \$400 per FTE reimbursement to new employees with one year or less previous teaching experience to support initial classroom setup and supply needs. Does not apply to partial year leave replacement contracts. Employees must submit for the full reimbursement at one time on an Expense Voucher (form #503B) between September 1st and May 30th. Funds are not eligible for carryover.

Section 6D Professional Development and Supply Allocation Funds

The District will provide \$700 per employee (this section excludes less than full-year leave replacement employees and long-term subs) for reimbursement of the following:

- 1) Classes, conferences and/or workshops, attended within a year of request;
- 2) Purchase of work-related materials excluding technology items that will require network access without prior written consent from the Technology Director (no gift cards may be purchased with these funds for any reason);
- 3) Certification Support, within one year of request.

Employees must submit for reimbursement on an Expense Voucher (form #503B) up to two times per year. The business office must receive accurate, fully-completed forms and all supporting documentation between September 1st and the last business day of June or submit for carryover of the full allocation by February 1st each year by submitting form #503B. The form (503B) must be filled out electronically to ensure accuracy. The form should then be printed and submitted with original itemized receipts. A Food and Beverage form (form #753) must be included with food and/or beverage purchases. Forms must be received by the business office on or before February 1st to be eligible for carryover. Funds may only be carried over once every two years.

Procedure for submitting this reimbursement

- Complete Form No. 503B online ***typed*** Fillable form is available on the District website under: Our District/Department Directory/Business Services/Document & Forms/Accounts Payable Forms
- Enter the **Date** of purchase, **Vendor** where purchase was made and a brief description of your purchase, total **Amount** of each receipt (the TOTAL will be calculated for you automatically) Provide Proof of payment
- Print a Copy of the completed Form. Make sure you Sign and Date
- Attach original itemized receipt(s) in the order they are listed on Form 503B and send to Accounts Payable at the Business Office for processing
- Original itemized receipt:** An itemized receipt details each line item of the goods or services from a transaction. Rather than a credit card slip that just gives you the totals, itemized receipts provide the details about: Date, time and where the purchase was made, specific items purchased, sales tax, quantities and amounts for each item.
- No phone screenshots
- Include conference/workshop agenda
- Attach a completed and signed form 573 Food & Beverage Form for any food and/or beverage purchases
- Attach additional forms if needed



2024-2025 Professional Development & Supply Allocation Funds Reimbursement

CEA Article III Section 6C; 6D

School/Dept. _____

Personal Information:

Employee Name: _____

Address: _____

City/State/Zip: _____

Section 6C New Certified Staff Yes No

Section 6D Professional Development and Supply Allocation Yes No

Request for a one-time full amount rollover **due by 2/1** Yes No

Purchase has IT approval (please attach approval) Yes No

Finance Director Approval _____

Refer to the instructions on the first page when completing this form. Attach original itemized receipts in corresponding order. Must be typed or it will be returned to you.		
DATE	VENDOR and BRIEF DESCRIPTION	AMOUNTS
TOTAL		\$

I hereby certify that I have paid for the above expenses, they are correct and that no part of same has been paid or refunded to me. In addition, I have referred to the instructions when completing this form; I understand it is my responsibility to check my email and staff mailbox for any paperwork returned to me or if a follow up is needed.

Employee _____ Date _____

(Signature Required)