

CICERO SCHOOL DISTRICT 99

APPLICATION FOR APPROVAL OF ATTENDANCE FOR A PROFESSIONAL CONFERENCE/WORKSHOP

Please see reverse side of this form for Conference/Workshop Procedures.

Number of workshops attended

this school year _____

Number of Subs requested

for given day _____

Source of Funding: _____

Project Code: _____

ADMINISTRATIVE USE ONLY

Date of Application _____

Teacher Substitute Needed (please circle) Yes No

Name of Staff Member _____

Building _____

Grade and Position _____

Title of Meeting _____

Offered by _____

Date(s) of Workshop _____

Address and City _____

Meeting/Workshop Only

- | | | |
|---|--------------------------------------|--|
| 1 | Transportation: | Auto (Mileage that would be in excess of your regular roundtrip commute from your home to your home school/building _____ x \$.70 a mile (subject to change per IRS) = _____ |
| | | Your address: _____ |
| 2 | Parking Fees: | _____ = _____ |
| 3 | Other (specify) | _____ = _____ |
| | | _____ = _____ |
| 4 | Registration Fees: | _____ = _____ |
| 5 | Total Estimated Workshop Cost | _____ = _____ |

If you are requesting reimbursement for a workshop which offers course credit, a course approval form must be completed and submitted at the same time.

Check only one of the following:

Workshop Reimbursement Only ☐ 100% Upon completion, submit an *Expense Report* with original receipts and summary.

Workshop and Course Tuition Reimbursement ☐ 75% Upon completion, submit a *Request for Reimbursement* with original receipts and grade report.

How will you Share this Knowledge: _____

Signatures of Approval to be Accumulated in Order of Appearance

Principal/Supervisor

Approval _____ Date _____

Program Director

Approval _____ Date _____

Funding Director

Approval _____ Date _____

Assistant Superintendent

Approval _____ Date _____

Superintendent

Approval _____ Date _____

Denied

_____ Date _____

Reason for Denial:

☐ Maximum Number of Substitutes Requested For This Date

☐ Late Submission

☐ District Offers Similar Training

☐ Other _____

☐ Does Not Meet District Initiatives

☐ Representative For The District Already Approved

☐ Staff Member Already Has Attended A Workshop This Year

PER POLICY 5:60, REIMBURSEMENT WILL NOT BE GIVEN BEYOND 30 CALENDAR DAYS OF CONFERENCE/WORKSHOP DATE

revised 1.2.25

Conferences and Workshops Procedures

Staff members, including teachers and administrators, need to complete a yellow *Application for Approval of Attendance for a Professional Conference/Workshop*.

The following must be included with this Application

- Workshop notice, flyer, pamphlet, or brochure that includes information regarding the title, the sponsor, the date, the location and cost.
- Completed workshop registration form, if a PO is being processed for registration. (pre-approval required and must be indicated on form)
- Employee Estimated Expense Approval Form (it should mirror the first page)

Request received without proper documentation will be returned, and may cause delay in approval.

This information must be submitted to the building principal or your immediate supervisor. All conference forms should then be forwarded to the Office of the Superintendent at least **30 days** prior to the conference or workshop if it is local. If it involves a conference that is out town, it should be received at least **60 days** prior to the conference and it must be Board approved prior to booking. Please note that there are additional levels of approval prior to final approval from the Superintendent.

A staff member should not register for the conference or workshop until s/he has been notified that it has been approved. Not all conference requests are approved.

Decisions will be made no later than 10 calendar days upon receipt of conference request in the Superintendent's office. Staff will be notified of approval or denial by email.

If District 99 prep-pays for any accommodations i.e. airfare, hotel, conference registration, etc., and the staff member is unable to attend the conference/workshop, the staff member may be responsible for reimbursing the district the entire amount of the airfare and/or any incurred costs relating to the conference/workshop.

Request for Reimbursements

Per policy 5:60, the following must be received no later than 30 calendar days after the workshop

- Completed expense report (form)
- Typed 1-page summary of workshop
- Proof of payment/Receipt
- Certification of completion

A staff member can ask for mileage reimbursement for workshops or conferences (not coursework) but only if the distance is further than what the drive is from home to work (the difference of the two). Staff members are not reimbursed for lunch or dinner unless that is automatically included in the registration fee or it is an out of state conference.

Cicero School District 99

Employee Estimated Expense Approval Form

Per policy 5:60, within thirty (30) days of the occurred expense submit to the Superintendent/Director. Failure to submit within thirty (30) days of the occurred expense will result in forfeiture of the reimbursement amount. This information is required by the Local Government Travel Expense Control Act. This form, and all documents and information submitted with it, are public records that are subject to disclosure under the Freedom of Information Act.

Name: _____ Title/Office: _____

Travel Destination: _____ Purpose: _____

Departure Date: _____ Return Date: _____

☐ **Estimated Expenses Approval Requested** (50 ILCS 150/20)

☐ **Purchase Order Requested** Purchase Order #: _____

☐ **Expense Advancement Voucher Requested** (105 ILCS 5/10-22.32)
Voucher Amount: _____

Estimated Expense Report										
Auto Travel Allowance: \$ <u>0.70</u> per mile										
Auto Mileage Calculation: Roundtrip Mileage Home to Conference _____										
Roundtrip Mileage Home to School _____										
Mileage Difference _____ (x \$ _____ per mile) = \$ _____										
Date	Mileage Miles	Cost	Comm. Travel Expenses	Lodging	Meals Bkfst Lunch Dinner			Item	Other Cost	Daily Total
Total										\$

Superintendent/Director: ☐ **Approved** ☐ **Denied**
☐ **Approved in Part**

Superintendent/Director Signature Date

Budget Code #: _____

School Board Action (*if applicable and it exceeds maximum allowable amount*):

☐ **Approved** ☐ **Denied** ☐ **Approved in Part**

Employee Signature Date