Teachers Professional Development MOU
"Cheat Sheet"

This MOU does not replace current district procedures. It is in addition to the normal steps to request time off, travel protocols, and requesting staff development classes and payments.

- Identify a staff development or training opportunity
- PLEASE FILL OUT FORMS DIGITALLY
- Fill out Request for Teacher Professional Development and Training.
    - This form needs to be filled out completely for every request.
        - Preparation Time:
            - check this box for personal preparation day off
        - Professional Development Training:
            - check this box for organized training day off
        - Professional Development Training registration **costs:**
            - check this box for training that requires reimbursement of up $200 per day
            - Fill out BA10 for pre-approval
            - Fill out BA9 for check request
                - attach paperwork of paid receipt
- Acquire supervisor's signature on **all** applicable forms. This is district procedure that is not changed by this program.
  Record Confirmation # on bottom of form
- Request time off in AESOP-if applicable.
- Email / scan all signed forms to Human Resources. Paper copies will not be accepted.
- Keep original for personal records

The MOU states that you can take 3 days, and any of these days can be converted into reimbursement dollars up to $200 per day. It is either/or, not in addition to. You can have any 3 of the 6 boxes below. You can mix and match them. So, you can have 2 days and up to $200, or you can choose 1 day and up to $400, etc.

$200	$200	$200
Day	Day	Day

OSSEO AREA SCHOOLS
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Request for Teacher Professional Development and Training

Refer to the MOU in the 2023-2025 Teachers Contract for information regarding professional development and training for teachers in high needs schools. Maximum of three (3) paid duty days per contract year.

Employee Information	
Name	Employee ID
Job Title	Date
Building	Supervisor

REQUEST: *(check all that apply)*

☐ Preparation Time (day off during student contact time)

☐ Professional Development (time off during student contact time)

☐ Professional Development/Training registration **costs**

(up to $200 per day to pay for training;
BA10 for Pre-approval (for when $$ are spent)
and
BA11 for Payment (if travel included mileage)
or
BA9 for payment (NO mileage)

Itemized receipts must be included

Date of Training/Preparation Time:

Title of Professional Development (if applicable)

Description of Professional Development/Preparation Work

Supervisor Approval Date

Employee Signature: Date

AESOP Confirmation

WORKSHOP/TRAVEL PRE-APPROVAL

The purpose of this form is to request approval for work release and authorization to incur travel expenses. This form is used to obtain approval in advance of work release and travel for off-site events, such as chaperoning students, attending workshops and conferences.

Requestor's Information

Name: _____ **Date of Request:** _____

Employee No: _____ **Site:** _____

Job Title: _____

Request to:

☐ **Attend Workshop/Conference** ☐ **Chaperone Students**

Event Information

Title of Event: _____ **Date of Event:** _____

Location of Event (City/State): _____ **Sponsor of Event:** _____

Registration Due: _____

Purpose of Event: _____

_____

Travel Pre-Approval

Travel Dates: _____

Transportation Plans: _____

Using District Travel Agent for: **Transportation** **Yes** ☐ **No** ☐

Accommodations **Yes** ☐ **No** ☐

Estimated Cost For:		Budget Code for Expenditure					
		Fund	Org	Prg	Fin	Obj	Crs
Registration	$						
Transportation	$						
Accommodations	$						
Meals	$						
Other	$						
TOTAL:	$						

Business Services Use Only

Substitute Teacher Request

☐ **No Substitute Required (Do not complete remainder of this section.)**

☐ **Substitute Required**

Budget Code for Expenditure					
Fund	Org	Prg	Fin	Obj	Crs

Subject or Grade Level: _____

Number of Days: _____

*** If less than a full day, indicate the substitute reporting time:** _____

Approval

_____ _____

Supervisor **Budget Manager**

BA 10
(Revised: May 2023)

Upon Approval - DISTRIBUTION:
Human Resources
Accounts Payable

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CHECK REQUEST FORM

INSTRUCTIONS: Use this form to request reimbursement to cover items such as fees, tuition, contracted services, officials, advance registration fees, and out-of-pocket expenses up to $500.00. **Attach invoices, contracts and/or tape original itemized receipts to a 8X11 paper. For registration payments, registration should be completed prior to requesting a check.**

Payee Information

Date: _____ **Department:** _____

Payable to: _____ **Site:** _____
Name

_____
Address

_____
City/State/Zip Code

_____
Email Address

BUSINESS SERVICES USE ONLY
Vendor Number:

Is payee presently employed with Independent School District 279?

If **YES**: _____ _____ _____
Employee # **Signature** **Date**

If **NO**: _____ _____ _____
Social Security **Signature** **Date**

I declare under the penalty of law that this claim is just and that no part of it has been paid. I understand that to be paid for this claim, I must provide my employee number, social security number or Taxpayer ID number.

Purpose of Request (Complete all that apply)

Purpose: _____

Event Date(s): _____

Request Amount and Budget Code

Amount of Request	Budget Code						Grant/Project #
	FUND	ORG	PRG	FIN	OBJ	CRS	
$							
$							
$							
$							
$							
$							
$ 0.00	**Total Amount**						

Approval

_____ _____
Supervisor **Budget Manager**

Internal Handling Instructions

Payment needed by: _____ Send check to: _____ Site: _____

BA 9
(Revised: April 2024)

DISTRIBUTION:
Original - Accounts Payable

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