

# SHERIDAN SCHOOL DISTRICT

## PROFESSIONAL DEVELOPMENT REQUEST

<b>Event Name:</b>			
<b>Description:</b>			
<b>Event Date:</b>		<b>Fee:</b>	\$ PP x _____ = \$
<b>Event Location:</b>			
<b>Transportation:</b>	<input type="checkbox"/> Personal Car <input type="checkbox"/> District Car (Check Availability) <input type="checkbox"/> Other _____		
<b>Registration:</b>	<input type="checkbox"/> Mail Form <input type="checkbox"/> Online Website: <input type="checkbox"/> Fax Form (   )   - <input type="checkbox"/> Phone (   )   -		

ATTENDEES			
Name	Substitute	Name	Substitute
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

### PLEASE INCLUDE

- ☐ Mileage (Round Trip)
- ☐ Event Flyer or E-mail
- ☐ Registration Form
- ☐ Travel Agreement\*
- Funding Source\*\*  
\_\_\_\_\_

Purchase Order #	Budget Costs	Amount	Budget Code
	Workshop Fee	\$	
	Vendor Name:		
	Food Cost (Breakfast, Lunch, Dinner. Overnight trips only)	\$	PP x _____ = \$
	Vendor Name:		
	Lodging	\$	
	Vendor Name:		
	Flight	\$	
	Vender Name:		
	Miscellaneous costs — Parking, Baggage, Uber, Car Rentals/Transportation etc.	\$	
Total Mileage Round Trip =		X \$0.67	= \$ X _____ Day(s) = \$

Requested By (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal/Director Approval \_\_\_\_\_

Date \_\_\_\_\_

Business Manager-Budget Amount Approval \_\_\_\_\_

Date \_\_\_\_\_

Superintendent/Special Programs Director Approval \_\_\_\_\_

Date \_\_\_\_\_

\*Travel Agreement-Please complete the Travel Agreement on the backside of this form.

\*\*Funding Source: Please discuss this with your school administrator before submitting this form to the office.

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## Professional Development Request Acknowledgement

When requesting Professional Development training (including free training) please do the following:

1. Discuss the desired training with an administrator for preliminary approval and to receive budget coding.
2. Complete this **PROFESSIONAL DEVELOPMENT REQUEST** planning and budgeting form.
3. Attach a copy of the training flyer, registration (filled out), email, etc.
4. Attach a copy of your mileage (such as Google maps or MapQuest)
5. Indicate if a substitute is required for the day.
6. Sign the completed form and submit it to the Front Office for final processing, please also update them on any [*out of the ordinary*] details if applicable.

If a committee leader/coordinator is involved, he/she will gather the required information from each committee member and submit it with a single Professional Development Request Form.

### **TRAVEL AGREEMENT**

Travel expenses include travel fares, meals and lodging (for *overnight stays*) and expenses incident to travel. Only travel expenses considered ordinary and necessary in the conduct of approved travel for district business purposes and directly attributable to it will be reimbursed.

Expense reimbursement for staff traveling on approved district business will be governed by the following guidelines.

#### **Meals**

Reimbursement will be made for ordinary and necessary meal expenses incurred in the course of approved travel for district business (overnight). Meals include amounts spent for food, non-alcoholic beverage (*excluding specialty coffee drinks and energy drinks*), taxes and related gratuities. (*Alcoholic beverages, specialty coffee drinks and/or energy drinks will not be reimbursed by the district and should not be listed on any receipts you wish to receive reimbursement for. If these items are listed on a receipt, that entire receipt will be excluded from the expense reimbursement.*)

Gratuities in excess of 15% are the responsibility of the employee and will not be reimbursed by the district unless automatically added as a requirement by the restaurant for groups of certain sizes.

#### **Mileage**

When travel is pre-approved by the Superintendent and/or Building Administrator, mileage will be reimbursed at the current IRS rate per mile. If staff members choose to ride-share to the same event, only the individual driving may be reimbursed for the mileage.

It is the responsibility of the vehicle owner or driver of the vehicle to be certain that the vehicle is adequately covered by insurance.

The responsibility of the district for damages resulting from vehicle accidents is not the same as set forth in the district's general liability insurance policy. The employee's insurance coverage provides primary coverage when the employee is driving his/her own vehicle on approved district business.

All district employees operating private vehicles on approved district business are required to complete and maintain on file with the district verification of vehicle liability insurance that meets or exceeds Oregon statutory minimum limits.

#### **Reservations, Commercial Carrier and Lodging**

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Travel must be conducted in the most expeditious and cost-effective manner, as determined by district.

Once a purchase order has been assigned for approved travel, each employee is responsible for making his/her own reservations, unless a group/committee coordinator/leader is taking on this responsibility.

## Expense Reimbursement Request and Accounting Procedures

Reimbursement requests detailing actual expenditures must be submitted on the Sheridan School District Travel and Expense Reimbursement Form and must be approved by the Superintendent and/or Building Administrator. Receipts and supporting documentation must accompany all expense reimbursement requests.

Please note that the above listing of policies is in summary form. For a complete detailed list of district policies related to Staff Travel and Expense Reimbursement please see Section DLC-AR of the District Policy Handbook.

I have read and understand the above travel and expense reimbursement policy/guidelines.

_____	_____	____/____/____
Print Name	Signature	Date

### Additional Participant Acknowledgments

_____	_____	____/____/____
Print Name	Signature	Date

_____	_____	____/____/____
Print Name	Signature	Date

_____	_____	____/____/____
Print Name	Signature	Date

_____	_____	____/____/____
Print Name	Signature	Date

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Print Name	Signature	Date

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Print Name	Signature	Date

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Print Name	Signature	Date

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Print Name	Signature	Date

_____	_____	____/____/____
Print Name	Signature	Date