



Professional Trip Request: Process and Procedures

A Professional Trip Request Form must be completed by each staff member, including Central Office staff, who wish to attend a workshop, conference or activity that takes a staff member away from his/her regular duties and/or generates mileage, compensation or reimbursement expenses.

Professional Trip Request Forms are designed to:

- Monitor professional development for the district, including costs at the school and district level, and
- Determine the need for substitutes, monitor substitute cost and potential reimbursements

Completed Professional Trip Request Forms must be submitted to the Office of Teaching, Learning and Leadership (OTLL) at least 1 month (30 days) prior to the workshop, conference or activity. This time is required to ensure the processing of request forms and possibly purchase orders.

Procedures:

1. Staff members must **fully** complete a Professional Trip Request Form **and** attach the pertinent registration paperwork.
2. Completed forms and registration information are then submitted to the Building Principal or Central Office Supervisor for review and determination of funding sources. Special Educators must send their completed forms to the Pupil Services Office.
3. If payment will be covered by school based funds, the coding area must be entered on the professional trip request form. If payment will be covered by Central Office funds, the coding area should be left blank. Building Principals and Central Office Supervisors are responsible for ensuring that dates for requested absence do not interfere with district or state assessment dates.
4. **In an effort to ensure district-wide alignment to the goals of our Strategic Plan, as well as fiscal responsibility, all Professional Trip Request Forms must be approved by the Assistant Superintendent for Teaching, Learning and Learning or the Superintendent of Schools.**
Please Note: All out of state travel requires an approval from the Superintendent.
5. Once approved, all payments, regardless of funding sources, will require a purchase order to be generated. Staff members will not be reimbursed and therefore should not pay for professional activities.
6. Once approved by the OTLL, the yellow & pink copies will be returned to the Building Principal or Central Office Supervisor. (Yellow-Supervisor, Pink- Staff member). This final step indicates the activity has been formally approved allowing the staff member to attend the activity.
7. Activities/workshops offered through outside agencies that reimburse for substitutes (UConn, EASTCONN, etc.) require staff members to forward a copy of any related paperwork to the OTLL immediately following the activity. These forms are then used to verify attendance and provide documentation for payment of substitute reimbursements.

NOTE: If an approved activity is cancelled and/or rescheduled please notify the OTLL by email.



Windham Public Schools

Professional Development Request Form

Must be submitted to the Office of Teaching, Learning and Leadership 30 days prior to the PD.

Staff Name: _____ Position: _____

School/Department: _____ Date Submitted: _____

Special Ed. Staff: Yes ___ No ___ Dates of the Conference from: _____ to _____

Name of Conference/Seminar: _____

Location: _____ Time of Conference: _____

Estimated Expenses		Funding Information			
Substitute Required	Yes ___ No ___		<u>Organization</u>	<u>Object</u>	<u>Project</u>
Registration Fees	\$ _____	District code	_____	_____	_____
Mileage	\$ _____				
Tolls	\$ _____	Grant Code	_____	_____	_____
Transportation (airfare/train)	\$ _____	Program	_____	_____	_____
Hotel	\$ _____	Code	_____	_____	_____
Parking/Shuttle	\$ _____				
Meals	\$ _____				
Total Estimated	\$ _____				

Describe the activity and how it will enhance the quality of your teaching: _____

Describe how you will share your new learning with other staff members in the district: _____

Principal's Recommendation: _____ Recommended: Yes ___ No ___
Signature: _____ Date: _____
Comments: _____

Directors/Supervisor's: _____ Recommended: Yes ___ No ___
Signature: _____ Date: _____
Comments: _____

Central Office Final Decision: _____ Approved Yes _____ No _____
Signature: _____ Date: _____

**Out of state travel requires the Superintendent's signature.*

Comments: _____
