

**APPROVAL OF PROFESSIONAL LEARNING ACTIVITIES
HEARD COUNTY SCHOOL SYSTEM**

updated 3/20/24

Employee Name: _____

Please check one:

Teacher

Support Staff

Administrator

Please check one:

Learning for Instruction

Learning for Administration

Extracurricular

Please check one:

School will pay for costs.

District will pay for costs.

No costs associated.

1. Approval of an activity must be requested **no less than two weeks prior** to the activity and/or date to register. **No costs will be paid without prior approval.**
2. Travel costs must be paid by the individual. Reimbursement may be requested by submitting an Employee Expense Statement with documentation **within 30 days of** completion of the activity. **Receipts are required for lodging and registration fees. A copy of the event agenda and this form must be attached to the reimbursement request.**

Date/s of activity _____

Site of activity _____

Purpose of activity _____

Relationship of activity to employee's job duties, certification field, school/system improvement plan, annual performance evaluation, or state/federal requirement (be specific).

Estimated Costs:

\$ _____ - Travel Cost (travel reimbursement = Number of miles X \$.67)

\$ _____ - **Registration Fee (DOCUMENTATION MUST BE ATTACHED IN ORDER FOR US TO PAY THE FEE)**

\$ _____ - Lodging (**DOCUMENTATION MUST BE ATTACHED FOR PRIOR APPROVAL**, Use conference block rooms if available- sales tax may be reimbursed but not excise tax. Submit a tax-exemption form at check-in .Lodging will not be reimbursed for trips less than 50 miles from work.

\$ _____ - Meals- (\$13 breakfast, \$14 lunch, \$23 dinner, 75% of meal for first and last day of travel)

\$ _____ - Substitute Cost (Average substitute cost is \$80 per day)

_____ **Funding Source (Account Number to be entered by Principal/Director)**

Employee's Signature / Date

CTAE/Federal Program Director Signature / Date

Principal Signature / Date

Assistant Superintendent's Signature / Date

ACTIVITY IS NOT APPROVED UNTIL A SIGNED COPY OF THE FORM IS RECEIVED BACK FROM THE ASST. SUPERINTENDENT.