

Professional Development Guidelines (reimbursement for expenses) for Scott County School District 2 Employees

Conference Meals- SCSD2 employees who attend professional leave opportunities will receive up to a \$50.00 per diem for meals each day of the conference or for travel days related to the conference. Staff will still be expected to obtain and remit receipts for reimbursement for food expenditures related to the approved leave request. Amounts exceeding \$50.00 per day will not be reimbursed by Scott County School District 2. SCSD2 employees will only be reimbursed the money as shown on the receipts and claim form.

Registration Fee- SCSD2 employees should make sure to include all associated fees for registration to the conference, workshop, seminar, etc...

Mileage- SCSD2 employees who attend professional leave opportunities will receive the current SCSD2 board approved rate of \$0.50 cents per mile traveled to and from the approved leave request. In the event that mileage related expenses exceed the average cost of a plane ticket to the leave request location, the attendee will be reimbursed a dollar amount that will not exceed the cost of the plane ticket. (i.e. if an attendee wishes to drive to a conference in San Antonio, then they would be reimbursed the cost of the plane ticket (~ \$500.00) and not the cost of the mileage (~\$1150.00)

SCSD employees should also calculate in this line item, costs associated with the following related to the travel expenses for the professional leave request: cab fare to and from the airport, toll roads if driving, hotel parking if driving

Lodging- SCSD2 employees who attend professional leave opportunities will be reimbursed for lodging costs associated with the approved professional leave requests. SCSD2 employees should estimate this cost based on the following criteria: advertised nightly rate of the room, taxes associated with the hotel room (often city, county, and hotel tax)

Approximate Total- SCSD2 employees should calculate this line as a total of all the lines A-D. Should claims exceed the approved amount, SCSD2 will not be able to pay for claims that exceed 10% of the approved total without additional board approval to pay the excess claims.

(i.e. if an employee has an approximate total of \$100.00 calculated but the actual claim is \$111.00, the employee can only be reimbursed \$110.00, so the additional \$1.00 would have to be board approved).

SCOTT COUNTY SCHOOL DISTRICT 2 PROFESSIONAL LEAVE REQUEST

Name _____ Building _____ Grade _____

1. Date(s) of requested leave: _____

2. Type of leave requested (Check appropriate line):
 _____ Professional _____ Court (Subpoenaed) _____ Unpaid _____ Other
 Annual Leave _____ Death in family _____ (Relationship to deceased) _____

3. I am requesting a professional leave to attend _____
 (Name of conference and location)

4. Statement of reason for requested leave other than personal business (attach additional pages if necessary).

5. _____ Substitute Needed Comments: _____

PLEASE CHECK HERE IF CENTRAL OFFICE IS TO REGISTER FOR YOU (_____)

I estimate the following expenses during my participation at this conference:

A. Conference Meals	\$ _____	Circle Fund or Grant to be used for reimbursement: Title _____ Prof. Development _____ _____ CAPE _____ _____ and Gifted/Talented _____
B. Registration Fee	\$ _____	
C. Mileage	\$ _____	
D. Lodging	\$ _____	
E. Approximate Total	\$ _____	

 (Employee's Signature)

Date: _____

 (Principal's Signature)

_____ Non-Approval _____

 (Superintendent's Signature)

_____ approval _____ Non-Approval _____

Board Action (If required): _____ Approved _____ Non-Approved _____

COMMENTS:

