

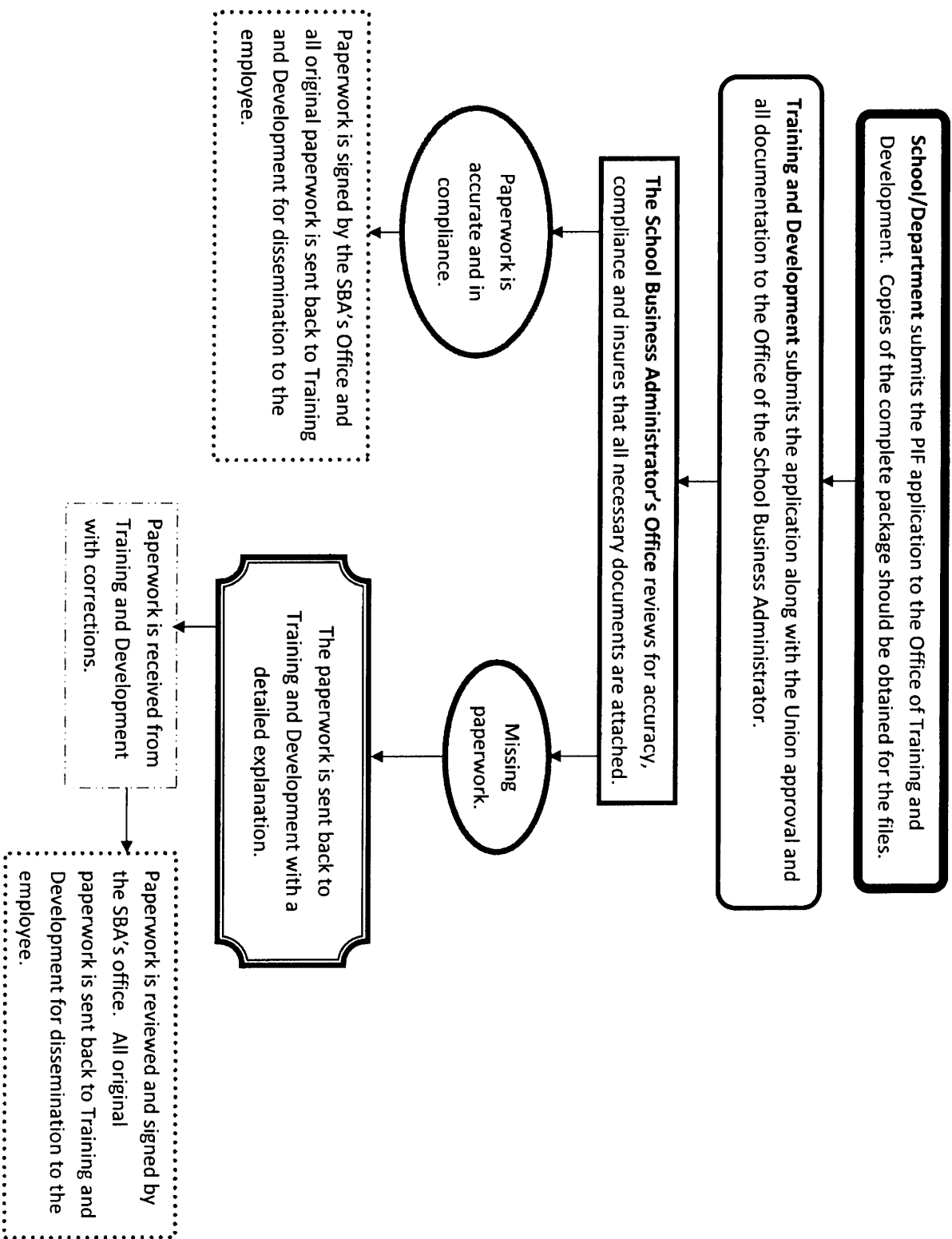
**NTU
PROFESSIONAL IMPROVEMENT
FUND PACKAGE (PIF)**



**PROCESS FOR EMPLOYEE
TRAVEL**

Revised 07/01/2011

PROCESS FOR EMPLOYEE TRAVEL PROFESSIONAL IMPROVEMENT FUND



No. _____

NEWARK PUBLIC SCHOOLS
HAROLD WILSON SCHOOL
PIF – NTU ADMINISTRATOR / MS. MELINDA SOTO / ROOM 213
190-218 MUHAMMAD ALI AVENUE
NEWARK, NEW JERSEY 07108
(973) 733-6417 / FAX. (973) 733-8881

APPLICATION FOR ALLOTMENT FROM THE
PROFESSIONAL IMPROVEMENT FUND/NEWARK TEACHERS UNION
(PENDING AVAILABILITY OF FUNDS)

DATE _____

SCHOOL NAME _____ POSITION _____

Full Name _____ Employee ID.#. _____

Mailing Address _____
Street City State Zip

School Tel.# _____ Cell Tel.# _____ E-Mail _____

1. Name of conference/workshop: _____

2. Conference/workshop location: _____

3. Inclusive date (s) you plan to attend: _____

4. Number of professional days required: _____

5. Total Cost of attendance at the conference/workshop: _____

Registration _____ Transportation* _____ Room _____

Meals _____ Other (Taxi, Tolls, Parking) _____

*If driving, mileage per IRS point of origin (home to destination) and return _____

**(PLEASE PUT A DOLLAR FIGURE IN EACH CATEGORY. NO ALLOTMENTS WILL BE HONORED,
UNLESS REQUESTED PRIOR TO APPLICATION BEING APPROVED.)**

6. Total amount requested from the Professional Improvement Fund: _____
(Total maximum reimbursement including registration fee CANNOT exceed \$400.00)

Justification of Travel

Submit one form for each employee.

EMPLOYEE NAME:

1. Relationship of attendance at this event to the critical instructional and operational needs of the district, including the link to the NJ Professional Standards for School Leaders or Teachers and/or the NJCCCS as well as to the participants Professional Growth Plan (PGP) and/or Professional Improvement Plan (PIP).
2. Explanation as to how the person or persons attending will share what was learned with others in the school district.
3. Documentation that the knowledge and information to be gained at this conference cannot be obtained through more cost effective means.
4. Explanation as to how the request is consistent with best practices in professional development.

REQUEST FOR OUT OF STATE TRAVEL

Directions: Complete a form for each individual in the district requesting to attend an out-of-state travel event. Incomplete forms and those without the required documentation and signatures will be returned unsigned to the district. **All travel must have prior board approval. For information related to lodging and per diem rates, refer to <http://www.gsa.gov>, and for eligible subsistence/reimbursement, refer to N.J.A.C. 6A:10 (h).**

District Name: Newark Request Submission Date: _____
 Name of Event: _____ Event Location: _____
 District Contact Name: Marixsa Castillo Phone: (973) 733-6702 Fax: (973) 733-7161

PARTICIPANTS' NAMES	TITLE	Departure Date/Time	Returning Date/Time

Indicate type of: Travel Event: Training/Seminar: Convention/Conference:
 Regular School District Business: Retreat:

FUNDING BREAKDOWN

Registration: \$	Meals: \$	*Other Costs: \$
Air Fare: \$	Parking: \$	Total Requested: \$
**Lodging: \$	Taxi: \$	

* **Other Costs** (provide explanation and breakdown): _____

Account Budgeted: _____ Total Amount in Budgeted Account: _____

** For lodging, indicate if the hotel is the site of event/conference: Yes No

List goals and objectives from the district's Professional Development Plan:

JUSTIFICATION OF NEED

Provide justification of need: 1) relationship of attendance at this event to the critical instructional and operational needs of the district, including link to the Core Curriculum Content Standards; 2) explanation as to how those attending will share what they learned with others in the school district; 3) documentation that the knowledge and information to be gained at this conference cannot be obtained through more cost effective means; and 4) explanation as to how the request is consistent with best practices in professional development.

AGENDA/ITINERARY: For each day, include the title and time of workshops to be attended. Attach the itinerary.

District Authorization

Chief School Administrator Signature: _____ Date: _____

District Board of Education Approval Date: _____

For DOE Use Only

Approval Granted: _____ Request Denied: _____

Costs Approved:

Registration: \$	Meals: \$	*Other Costs: \$
Air Fair: \$	Parking: \$	Total Approved: \$
Lodging: \$	Taxi:	

Signature: _____ Date: _____

Dr. Lawrence S. Feinsod, Essex County Executive Superintendent

TRAVEL AUTHORIZATION REQUEST

1. Prepare and submit approved travel authorization request with approved paper requisition(s) to the Office of the School Business Administrator based on the approved agenda dates.
2. Attach itinerary, meals breakdown, registration, etc. regarding the purpose of the trip to the travel authorization request form.
3. Prepare and submit an Out of State Travel Form, if traveling outside of the State of New Jersey.

NAME:							EMPLOYEE #	
DEPT./SCHOOL:							TELEPHONE #	
INCLUSIVE DATES OF TRIP:								
DESTINATION: (city, state)								
TITLE OF EVENT:								
Account #	Fund	Sub Fund	Program	Function	Object	Location	Reference	Regional

EXPENSES: OBTAIN RATE FROM WWW.GSA.GOV AND ATTACH COPIES

							AMOUNT
Meals:	\$	Per day (Breakdown Attached)					\$
Transportation:	\$	(Air)	\$	(Rail)	\$	(Processing Fees)	\$ -
Private Auto:		miles @ 0.555 per mile					\$ -
Lodging:		days @	\$	per day	\$	Taxes/Fees	
Registration:	\$						\$ -
Baggage Fees:	\$	(Note: Add departure and arrival fees) ONE BAG ONLY					\$ -
Taxi / Shuttle:	\$						\$ -
OTHER:	\$						\$ -
TOTAL:							\$ -
Professional Improvement Fund: (Union Name)							\$
Out of Pocket Expenses:							\$
GRAND TOTAL:							\$

Vendor Name	Amount of Requisition	Requisition Number
	\$	
	\$	
	\$	
TOTAL: (Should match the total above.)	\$ -	

Employee Signature:	Date:
Approved:	Date:
(Type Name) Principal/Director	Signature
Approved:	Date:
(Type Name) Regional Supt./Exec. Director	Signature
Approved: School Business Administrator	Date:
Signature	

EMPLOYEE TRAVEL CHECKOFF LIST

2011-2012

School or Office	IN THE STATE OF NJ	Regional or Central Office	Out of State
	Travel Authorization Request (TR-1) for each employee		Travel Authorization Request (TR-1) for each employee
	Justification for Travel (for each employee)		Justification for Travel (for each employee)
	Proof of Valid Car Insurance (if driving or being driven to location)		Proof of Valid Car Insurance (if driving or being driven to location)
	Meals Breakdown Form (if applicable)		Meals Breakdown Form (if applicable)
	Registration Form/Invitation (for each employee)		Registration Form/Invitation (for each employee)
	Itinerary/Program (for each employee)		Itinerary/Program (for each employee)
	Requisition for Registration (not applicable for field trips)		Requisition for Registration (not applicable for field trips)
	Requisition for Travel (Hotel/Air/Rail, if applicable)		Requisition for Travel (Hotel/Air/Rail, if applicable)
	Requisition for Personal Reimbursement (for each employee - food, taxi, baggage, mileage, if applicable)		Requisition for Personal Reimbursement (for each employee - food, taxi, baggage, mileage, if applicable)
	Professional Improvement Fund Application (if applicable)		Professional Improvement Fund Application (if applicable)
	GSA.gov website printouts (per diem rates for lodging, mileage and meals breakdown)		GSA.gov website printouts (per diem rates for lodging, mileage and meals breakdown)
	Mapquest Printout (for mileage reimbursement)		Mapquest Printout (for mileage reimbursement)
	Grantor Permission Letter (only if using Fund 20 funds)		Grantor Permission Letter (only if using Fund 20 funds)
	Field Trip Request Form (if applicable)		Field Trip Request Form (if applicable)
			Out of State Travel Form (for each employee)

EXPENSE STATEMENT

THIS STATEMENT MUST BE COMPLETED WITHIN TEN DAYS AFTER EACH TRIP

A.

PRINT NAME	EMPLOYEE ID #	TELEPHONE #
DESTINATION: (city, state)	DATES OF TRAVEL:	
TITLE OF EVENT:		

B. DO NOT INCLUDE ITEMS CHARGED TO THE NEWARK PUBLIC SCHOOLS

	MEALS	AIR/RAIL	PRIVATE AUTO RATE 55.5 CENTS	HOTEL	REGISTRATION	BAGGAGE FEES	TAXI / SHUTTLE	
DATES	ATTACH ORIGINAL ITEMIZED RECEIPTS							
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

C. SUMMARY
(Brief report that includes the primary purpose for the travel, the key issues addressed at the event and their relevance to improving instruction or the operations of the school district).

D. DECLARATION
I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE NPS BUSINESS EXPENSES ONLY AND INCLUDE NO ITEMS OF A PERSONAL NATURE.

Employee Signature _____ Date: _____

Principal/Director _____ Date: _____

NOTE: MAKE A CLEAR COPY OF ALL RECEIPTS FOR YOUR FILES

ON-LINE PROFESSIONAL DEVELOPMENT GUIDELINES (9-19-2012)

The District has reviewed NTU's proposal regarding the use of Professional Improvement Fund (PIF) toward on-line Professional Development (PD) Course expenses and supports it. Below you will find a list of approved on-line PD providers approved for reimbursement from the PIF as well as guidelines for reimbursement.

Please be advised that teachers must follow the application process previously established and must select courses from the approved PD list. If a teacher seeks reimbursement for services from a provider not on the approved list, he/she must first submit an application with supporting documentation and full description of the PD requested. The application/provider will then be reviewed by the PD committee and the Director of Staff Development for approval. Additionally, administrative days will not be granted for online PD. Furthermore, this in no way impacts the amount of the PIF funds available to the NTU membership. PIF funds remain the same.

The list of online professional development providers below has been approved for reimbursement from the Professional Improvement Fund (PIF) under the following conditions:

- Teachers must follow the process already set in place for application for allotment from the Professional Improvement Fund
- Teachers must select PD from the approved list of providers
- If a teacher seeks reimbursement for services from a provider not on the approved list, they must first submit an application with supporting documentation and full description of the PD in which they wish to participate in. The application/provider will then be reviewed by the PIF committee for approval.

APPROVED ON-LINE VENDORS (9-19-2012)

Learner.Org-The Annenberg Learner	http://www.learner.org/workshops/workshop_list.html
Thinkfinity/Verizon Foundation	http://www.thinkfinity.org/welcome
Educational Technology Training Center (ETTC Middlesex)	http://www.techtrain.org/
ISTE-International Society for Technology in Education	http://www.iste.org/learn/professional-development
PBS TeacherLine	http://www.pbs.org/teacherline/
Knowledge Delivery Systems	http://www1.kdsi.org/courses/New-jersey.htm
Magellan University Course Catalog	http://www.magellan.edu/magellan/control/catalog
Teacher Education Institute Professional Development Courses	http://teachereducation.com/professional-development-courses.html
ASCD OnLine Courses	http://www.ascd.org/professional-development/pd-online.aspx
School Improvement Network	http://www.schoolimprovement.com/
University of Wisconsin-STOUT Professional Development	http://www.uwstout.edu/soe/profdev/index.cfm
Rowan University Continuing Education for Teachers	http://www.virtualeduc.com/rowan/