

## Professional Development Procedures

- Pick up a Professional Development Request form from Julie Holmes or Tammy Hendricks.
- Complete the form with the following information:

**Mileage** will need to be the exact mileage. You should go to [www.mapquest.com](http://www.mapquest.com) and print out the exact mileage to and from MVTHS (not your home) and attach it to the request form. Mileage reimbursement rate is \$0.425 per mile.

**Meal money** will not be issued before the workshop. You will need to keep **ALL ITEMIZED** meal receipts and turn them in to Julie H. or Tammy H. as soon as you return from the workshop. You will be reimbursed up to \$28 (in state) or \$32 (out of state) per day if the day exceeds 18 hours or when a night's lodging is required. If you are attending a conference where lunch is not provided, you will have an allowance of \$10 for lunch *with a returned itemized receipt*. \*Please note that you will not be reimbursed for any meal without an itemized receipt- one that lists everything that was purchased (not just a credit card receipt).

**Hotel/Lodging** If you need to stay overnight, you should contact the hotel you wish to stay and get an exact amount (room, parking, or any other miscellaneous charges). Organizations will typically offer a discounted rate for a hotel if you will be attending their conference. Make sure that is included in the price as well.

**Registration** should also be listed on the request. Any information or explanation about the conference/workshop should be attached to the Professional Development Request form.

**Substitutes** are \$75 per day. This amount should be listed on the request form.

- Once the form is completed, sign the bottom and pass along to your department chair for his/her signature also.
- The form should then be sent to the Principal who will pass it on to the Superintendent.
- Requests will be processed as they are received.
- Once registration is complete, you will receive a Registration Notification.
- You will also be informed if your request has been denied.

**It is your responsibility to put your information into Aesop to arrange for substitutes.**

If you have any questions, feel free to contact Julie Holmes (5751) or Tammy Hendricks (5752).

**REQUEST FOR PROFESSIONAL LEAVE**

General Directions

Date: \_\_\_\_\_

The Department Chairperson must sign the Professional Leave Form before it is given to the Principal. **All information regarding the professional request should be attached to this form** then should be given to the Principal for approval. The request will need the final approval of the Superintendent. The Principal will give all the information to the Superintendent. After Superintendent's approval if given, the staff person will need to finalize arrangements with Julie Holmes or Tammy Hendricks and substitutes with Aesop.

NAME \_\_\_\_\_

MEETING LOCATION \_\_\_\_\_

NATURE OF MEETING (Please attach program or explanation of meeting.)  
\_\_\_\_\_

DATE(S) YOU WOULD BE GONE \_\_\_\_\_

NUMBER OF DAYS OF PREVIOUS ATTENDANCE AT MEETINGS THIS YEAR \_\_\_\_\_

ARE YOU A MEMBER OF THE ORGANIZATION SPONSORING THIS MEETING?  
YES \_\_\_\_\_ NO \_\_\_\_\_

SOURCE OF FUNDING FOR PROFESSIONAL LEAVE:  
GRANT \_\_\_\_\_

DISTRICT \_\_\_\_\_

ALL EXPENSES MUST BE ESTIMATED AS CLOSE AS POSSIBLE BEFORE TURNING YOUR REQUEST IN TO THE PRINCIPAL'S OFFICE.

<u>EXPENSES</u>	<u>AMOUNT</u>	<u>APPROVED</u>	<u>DISAPPROVED</u>
Mileage	\$ _____	_____	_____
Meals	\$ _____	_____	_____
Hotel	\$ _____	_____	_____
Registration	\$ _____	_____	_____
Substitutes	\$ _____	_____	_____
Others (Please List)	\$ _____	_____	_____
_____	\$ _____	_____	_____

\_\_\_\_\_  
*Department Chair*

\_\_\_\_\_  
*Your Signature*

Approve \_\_\_\_\_  
Disapprove \_\_\_\_\_

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Signature of Superintendent*

MT. VERNON TOWNSHIP HIGH SCHOOL  
EXPENSE SHEET for Professional Development

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Expense Claimed:

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Date(s) when expenses were incurred: \_\_\_\_\_

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**Mileage**

Total Miles	x \$0.425
	\$

**Meals**

Breakfast	Lunch	Dinner
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

**Hotel**

Name	Amount
	\$

Approved by: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Received Payment: \_\_\_\_\_

(Please attach MapQuest form and all meal and Hotel receipts.)