



# **Columbus City Schools/ Columbus Administrators Association**

**Administrators' Professional Leave  
Guidelines and Schedule**

**2017/2018**

## Administrators' Professional Leave Guidelines and Schedule

1. Preference will be given to workshops offered in the Columbus area and in the State of Ohio.
2. Submit conference/activity travel requests forms for approval no less than two weeks in advance of the Professional Leave Committee **(please review schedule below)**. For example, activities for October must be approved at the September meeting, etc.
3. *Trips outside the continental United States are not eligible for approval.*
4. The current fiscal year begins July 1, 2017 and ends June 30, 2018.
5. Summer activities are encouraged provided there are funds available from the current fiscal year.
6. Professional leave cannot be used for activities to obtain college credits or certification.
7. Applicants are limited to \$2500 over a two (2) year period. You may use your discretion as to how many activities you request to attend as long as the total is \$2500 or less for the two year period.
8. Preference will be given to staff who have not utilized the fund within the last two years.
9. Expenses will not be approved in conjunction with personal leave use. When a request is denied, expenses will not be authorized if the individual elects to use personal leave.
10. Membership in a professional organization is not reimbursable from this program unless such membership reduces the cost of the conference registration by an amount equal to or greater than the cost of such membership.
- 11. Permission to attend a professional activity which requires neither funding nor a substitute should be approved with your immediate supervisor and will not be considered through the Professional Leave Committee.**
12. If meals are provided as part of conference, per diem will be adjusted down for each meal provided as follows: *\$7 Breakfast, \$11 Lunch, \$27 dinner*
13. *Any changes to the approved requests must be cleared through the Professional Leave Committee supervisor.*

<b>14. If Start Date of Activity Is:</b>	<b>Request Due in HR by 4 p.m. by:</b>	<b>Committee Meeting Date</b>
October 1-31, 2017	August 18, 2017	September 1, 2017
November 1-30, 2017	September 15, 2017	October 6, 2017
December 1-31, 2017	October 20, 2017	November 3, 2017
January 1-31, 2018	November 17, 2017	December 1, 2017
February 1-28, 2018	December 15, 2017	January 5, 2018
March 1-31, 2018	January 19, 2018	February 2, 2018
April 1-30, 2018	February 16, 2018	March 2, 2018
May 1-31, 2018	March 16, 2018	April 6, 2018
June 1-30, 2018	April 20, 2018	May 4, 2018

You may download and print these documents as needed from the Human Resources section of the Internet at <http://www.ccohs.us/HRAdministration.aspx>.

**Columbus City Schools  
Office of the Treasurer  
Employee Travel Reimbursement Guidelines**

**Per Diem**

- \$45 per diem will be paid to employees for each night spent in a hotel on business. One night = \$45, two nights = \$90, etc. No exceptions.
- Per Diem reimbursement always requires an overnight stay.
- Receipts are not required for reimbursement. Tips are covered by per diem.
- If meals are provided as part of conference, per diem will be adjusted down for each meal provided as follows: \$7 Breakfast, \$11 Lunch, \$27 dinner.

**Hotel Stay**

- Hotel stay is limited to the length of the conference. For example, three day conference = three nights allowed in a hotel.
- Hotel choice is limited to a conference hotel (unless sold out). For other than conference hotel, maximum rate should not exceed GAO guidelines.  
<http://www.gsa.gov/portal/category/21287>

**Airport Transportation at Destination**

- Transportation to/from the conference airport is limited to the cost of a round trip shuttle. Visit the destination airport website. Look for a link to ground transportation for reservations and/or rates. Employees electing to secure other modes of transport are limited to the shuttle rate for reimbursement.
- Transportation to/from hotel will be reimbursed if a conference shuttle is not provided and the hotel is not within walking distance.

**Car Rental at Destination**

- Car rental is approved only under exceptional circumstances, such as the need to visit multiple schools. Approval requires a detailed justification/rationale. The daily limit for reimbursement is \$50, which includes all associated costs: rental fee, gas, parking, tolls, etc. Optional insurance will not be reimbursed.

**Driving Personal Vehicle Out of Town**

- Maximum reimbursement for all driving expenses (mileage, parking, tolls) is the lower of \$300 or the cost of an airline ticket to the conference destination.
- Google “IRS Mileage Rate 2016” to see effective rate on date of travel.

**Miscellaneous**

- Reimbursement limit of one checked bag each way (\$50/round trip currently).
- CMH airport parking reimbursement limit = Blue lot rate (\$8/day currently).
- Failure to attend conference will result in the employee being held responsible for repayment of any non-refundable charges paid by CCS on behalf of the employee.
- Technology, equipment &/or books received at this conference become the property of CCS.

**Exceptions**

- Any exception to the above requires appropriate justification, advance notification, and approval in writing.

## **FY 2017/18 Conference Cheat Sheet**

- Employee submits “Professional Leave Request” forms.
- Once request is approved by the Professional Leave Committee, an approval letter will be sent to the employee.
- A purchase order will be processed for the employee and sent to the employee once received in Human Resources

### **After receiving his/her purchase order the employee MUST:**

- Complete the conference/activity registration. Provide the purchase order number if asked and submit the registration form to the vendor.
- Billing address is: **Accounts Payable – 270 E. State Street, Columbus, OH 43215**
- If pre-payment of a conference registration is required, attach the registration form to a copy of the purchase order and send to Accounts Payable. This cannot be paid without a copy of the purchase order **and** the registration form
- Confirm BOTH hotel and conference availability before making air reservations. The employee is responsible for any costs associated with canceling or changing air reservation.
- Employee may contact travel agent (Uniglobe @ 614-237-4488 or Kenley @ 614-898-9505) for air estimates and to book the air reservation and/or hotel reservation. Hotel reservations made through the travel agent require an employee payment (non-reimbursable) of a \$35 convenience fee. Employees are required to stay in the conference hotel unless full.

### **After returning from the conference/activity the employee MUST submit the following items to Accounts Payable within 30 days of your return:**

1. Claim form
2. Hotel folio
3. Air itinerary
4. Conference registration receipt
5. Paid shuttle receipt
6. Paid CMH parking receipt
7. Paid airline baggage receipts
8. Certification of conference attendance verifying the event, place, dates and for the purpose given.
9. Certification that their per diem claim reflects a deduction for any meals provided by the conference.

**COLUMBUS CITY SCHOOLS  
ADMINISTRATORS' 2017-2018 PROFESSIONAL LEAVE REQUEST**

Approval # MWA <input style="width:90%;" type="text"/>	Emp. Vendor # <input style="width:90%;" type="text"/>
<b>This section is to be completed by the Office of Human Resources Administration</b>	

I hereby request permission to attend the following conference/activity in accordance with Board policies and Administrative regulations.

**EMPLOYEE INFORMATION** Route #

Name:  Employee ID#

Administrative Assignment:  Bldg.

Dates Absent from Work:  Dept.

**CONFERENCE/ACTIVITY INFORMATION**

Name of Conference/Activity:

Activity Location:

Did your receive Professional Leave during the 2016/2017 School Year Yes  No  Activity Dates:   
Amount Recvd.

- Please place the letter from the category below that best describes your request & place in box**
- |   |   |
|---|---|
| A. Attend general professional activity   | C. Interschool classroom observation <input style="width:50px;" type="text"/> |
| B. Represent school district as an officer, committee member, North Central Evaluator, etc. | D. Presenter <input style="width:50px;" type="text"/>                         |
|   | E. Accompany students <input style="width:50px;" type="text"/>                |

**TRAVEL EXPENSES (You must send in a completed registration form if you want CCS to pay directly)**

Are you paying the registration fee directly? Yes  No  Registration fee amount:

Misc. Travel Expenses (taxis, shuttles, parking, etc.)

**Note: The District does not pay for travel to and from restaurants or for entertainment. Transportation is reimbursed between the hotel and destination airport.**

Personal automobile mileage (# miles round trip)  times current approved mileage rate

Airfare (to paid in advance by CCS)? Yes  No  (please list cost or estimate)

Rental Car #days  \$ amount per day  (maximum \$50 per day)

Rental car rationale:

Lodging\* # nights  \$ costs per night  (normal limit \$150/night)

Explanation if lodging request is more than \$150/night

Per Diem Expenses	#days <input style="width:30px;" type="text"/>	at	\$45.00 per day	
<i>Note: If meals are provided as part of the conference, per diem must be adjusted down for each meal provided as follows: \$7 - Breakfast; \$11 - Lunch, \$27 - Dinner</i>				

Total Estimated Expenses **Limit \$2500.00**

**SIGNATURES**

**For School Based Administrators**

Your Signature  Date:

RED's Signature  Date:

---

**For Central Office Administrators**

Your Signature  Date:

Supervisor's Signature  Date:

Superintendent's Designee  Date:

**Please attach a descriptive brochure including costs, dates, times, lodging information, etc.**

**Please submit form to: Herbert Smith, Human Resources Administration (CEC/Room 108-B) along with attachments**

**2017-2018 ADMINISTRATORS'  
PROFESSIONAL LEAVE REQUEST FORM**

**(This form must be completed or your request will not be considered)**

**Description of Activity:**

**Description of Educational Merit of Activity:**

Descriptive Brochure Attached? (It is required for consideration of request)     **Yes**     **No**

**2017/18 COLUMBUS CITY SCHOOLS PROFESSIONAL LEAVE  
CLAIM FOR TRAVEL EXPENSE REIMBURSEMENT**

**Within 30 days of your return, please return this form along with your receipts, copy of p.o. and signature to:  
Accounts Payable, 270 E. State Street, Columbus, OH 43215**

**Employee & Conference Information**

Your P.O.#	Employee Vendor #	Approval#
Name	Your ID#	
Worksite (indicate building)		
Full Conference Name		
Conference Location (City/State)		
Actual Travel Dates	<--(Must correspond with dates	
Dates Absent from Work	<--approved by Committee)	

**Expenses Paid in Advance By Columbus City Schools**

**List Costs Below**

Airfare (Air itinerary must be attached)	
Lodging Expenses (list dates of stay)	Roommate name (if applicable)
Registration (Proof of Attendance must reflect dates/location & purposes as stated on request form)	
Misc paid or reimbursed in advance (please list)	
Total expenses paid in advance by Columbus City Schools	[2]

**Expenses Paid by Employee: Itemized receipts required except for meals**

**List Costs Below**

Airfare/Baggage (attached paid baggage receipt - limit one bag each way)	
Lodging Expenses (list dates of stay)	Roommate name (if applicable)
Registration (attach receipt showing method of payment)	
Personal automobile mileage (# of miles round trip x IRS current rate)	
Rental Car (if pre-approved) Maximum \$50/day - insurance not reimbursed	
Per diem (meals, etc.) -- # of days	at \$45.00 per day*
<i>*See Employee Travel Reimbursement Guidelines regarding meals provided as part of the conference</i>	
Incidentals: (airport shuttle/taxi, conference shuttle/taxi, airport parking)	
Note: Itemized receipts required. Taxi receipts must be dated and show pickup & destination	
Total expenses paid out of pocket by employee	[4]

**Settlement**

**List Costs Below**

a. Maximum Reimbursement Approved by Committee - attach documentation	
b. Less Costs Paid in Advance by Columbus City Schools -- see [2] above)	
c. Maximum Reimbursement of Employee (Item A minus Item B)	
d. Total Expenses Paid by CCS Employee -- see [4] above)	
Amount Owed to Employee, if applicable: (lesser of item c. or d. above)	

**Employee's Signature**

**Date**

***\*By signing, I certify I attended the event listed above at the location shown, on the date given, and for the purposes stated. Out of pocket expenses are accurate and my claim for per diem was adjusted for meals provided by the conference***