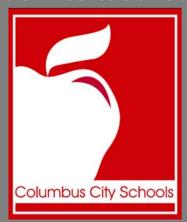
# Columbus City Schools/ Columbus Education Association

Certificated Professional Leave Guidelines & Schedule





#### Master Agreement (2009-2011)

**702.16** The Professional Leave Committee established by a "Memorandum of Agreement" in 1986 will continue to function as set forth in said memorandum and as agreed to by the parties. Further the Board will provide \$200,000 per school year to fund this professional leave provision.

You may download and print these documents as needed from the Human Resources section of the Intranet. They can be found under the Human Resources Administration section.

#### **Certificated Professional Leave Guidelines & Schedule**

- 1. Preference will be given to workshops offered in the Columbus area and in the State of Ohio.
- 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 \$1800 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 \$1800 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. Generally, no more than two teachers per building will be approved for a particular activity.
- 10. Generally, the total number of teachers attending an out-of-state conference will be limited to five or fewer across the district.
- 11. Expenses will not be approved in conjunction with personal leave use. When a request is denied due to substitute availability, expenses will not be authorized if the individual elects to use personal leave.
- 12. 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.
- 13. 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.
- 14. 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
- 15. Any changes to the approved requests must be cleared through the Professional Leave Committee and your supervisor.

If Start Date of Activity Is:	Request Due in HR by 4 p.m. by:	Committee Meeting Date
October 1-31, 2017	August 25, 2017	September 7, 2017
November 1-30, 2017	September 15, 2017	October 5, 2017
December 1-31, 2017	October 13, 2017	November 2, 2017
January 1-31, 2018	November 17, 2017	December 7, 2017
February 1-28, 2018	December 15, 2017	January 4, 2018
March 1-31, 2018	January 12, 2018	February 1, 2018
April 1-30, 2018	February 9, 2018	March 1, 2018
May 1-31, 2018	March 16, 2018	April 5, 2018
June 1-30, 2018	April 23, 2018	May 3, 2018

You may download and print these documents as needed from the Human Resources section of the Intranet. They can be found under the Human Resources Administration section.

## 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 <u>requires an overnight stay</u>.
- 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. <a href="http://www.gsa.gov/portal/category/21287">http://www.gsa.gov/portal/category/21287</a>

#### **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 <u>exceptional circumstances</u>, 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 <u>lower</u> of \$300 or the cost of an airline ticket to the conference destination.
- Google "IRS Mileage Rate 2017" 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 nonrefundable 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 @ 237-4488 or Kenley @ 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.

## 2017/18 COLUMBUS CITY SCHOOLS/COLUMBUS EDUCATION ASSOCIATION CERTIFICATED PROFESSIONAL LEAVE REQUEST

Approval # - MW		Emp. Vendor #			
This section is to be	e completed by Human Resour	rces Administration Office			
EMPLOYEE INFORMATION:	Name				
ID# Conta	act Phone#	Route #			
Work Location	Position				
If you received Professional Leave fo	r the 2016/17 Fiscal Year - amo	ount received			
CONFERENCE/ACTIVITY INFORMATION					
Activity Name					
Location (City/State)	Dates	:			
Select the appropriate letter from the list below and place in the box to the left.  A. Attend general professional activity B. Represent school district as an officer, committee member, North Central Evaluator, etc. C. Presenter D. Accompany students					
ABSENCE/SUBSTITUTE INFO: Dates	Absent from Work				
Sub Needed? Yes Su	b Location				
No	No (Please attach separate schedule if sub reports to various locations)				
Specific Sub: Sub Name -		Sub ID# (must be provided)			
TRAVEL EXPENSES - (You must attach a descriptive brochure which includes costs, dates, lodging information and registration costs for your request to be considered for approval)					
Registration Fee Cost of Registration					
Lodging - #nights See En	nployee Travel Reimbursement	t Guidelines re: hotel stay)			
Airfare: See Employee Travel Reimburseme	ent Guidelines re: Airport Tran	sporation at Destination)			
Rental Car #days	times \$ am	times \$ amount per day			
Rental car rational (max of \$50/day)					
Personal automobile mileage (# miles round	l trip)	times approved rate			
See Employee Travel Reimbu	ırsement Guidelines re: use of l	Personal Vechicle			
Misc. Travel Expenses (taxis, shuttles, parking, etc.)  Note: The District does not pay for to and from restaurants or for entertainment.					
Per Diem Expenses (meals/food)	#days at	\$45 per day limit			
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					
Total Estimated Expenses (limited to \$1800, will not total to more than \$1800)					
SIGNATURES					
Teacher's Signature		Date:			
I hereby request permission to attend the following conference/activity in accordance with Board policies and Administrative regulations and disclaimer.					
Supervisor's Signature		Date:			
Please submit form to: Herbert Smith, I	Human Resources Administrati	ion (CEC/Room 108-B) along with attachments			

#### **COLUMBUS CITY SCHOOLS**

(This form must be completed for your request to be considered)

Description of Activity:	
, ,	
Description of Educational Marit of Activity	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	
Description of Educational Merit of Activity:	

## 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** 

zinpioyee a conjerence i	,				
Your P.O.#	Employee Vendor #	Approval#			
Name		Your ID#			
Worksite (indicate building)					
Full Conference Name					
Conference Location (City/State)					
Actual Travel Dates			rrespond with dates		
Dates Absent from Work		<approve< td=""><td>d by Committee)</td></approve<>	d by Committee)		
Expenses Paid in Advance	By Columbus City Scho	ools	List Costs Below		
Airfare (Air itinerary must be	e attached)				
Lodging Expenses (list dates of st	Roommate name	(if applicable)			
Registration (Proof of Attendar	nce must reflect dates/location	on			
	ted on request form)				
Misc paid or reimbursed in adva	nce (please list)				
Total expenses paid in advance k	y Columbus City Schools	[2]			
Expenses Paid by Employe	ee: Itemized receipts requi	ired except for meals	List Costs Below		
Airfare/Baggage (attached paid	paggage receipt - limit one ba	g each way)			
Lodging Expenses (list dates of st	Roommate name	(if applicable)			
Registration (attach receipt show	ving method of payment)				
Personal automobile mileage (# of miles round trip x IRS current rate)					
Rental Car (if pre-approved) Max	imum \$50/day - insurance no	ot reimbursed			
Per diem (meals, etc.) # of day	at \$45.	00 per day*			
*See Employee Travel Reimburse	rment Guid <mark>elines rega</mark> rding m	neals provided as part of t	he conference		
Incidentials: (airport shuttle/tax	i, conference shuttle/taxi, aiı	rport parking)			
Note: Itemized receipts required	. Taxi receipts must be dated	d and show pickup & desti	nation		
Total expenses paid out of po-	cket 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 Er					
Amount Owed to Employee, if a		r d. above)			
Employee's Signature		Date			
		<del></del>			

<sup>\*</sup>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