



CLEVELAND
UNIVERSITY **HEIGHTS**
CITY SCHOOL DISTRICT

CH-UH Professional Development Travel Guidelines

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Board Policy

6550 - TRAVEL PAYMENT & REIMBURSEMENT

Travel expenses incurred for official business travel on behalf of the Board of Education shall be limited to those expenses necessarily incurred by the employee in the performance of a public purpose authorized, in advance, in accordance with administrative guidelines.

Payment and reimbursement rates for per diem meals, lodging, and mileage shall be approved by the Board annually. The Board shall establish mileage rates in accordance with the Federal IRS prescribed mileage rate.

Employees are expected to exercise the same care incurring travel expenses that a prudent person would exercise if traveling on personal business and expending personal funds. Unauthorized costs and additional expenses incurred for personal preference or convenience will not be reimbursed.

Unauthorized expenses include but are not limited to alcohol, movies, fines for traffic violations, and the entertainment/meals/lodging of spouses or guests.

Travel payment and reimbursement provided from Federal funds must be authorized in advance and must be reasonable and consistent with the District's travel policy and administrative guidelines. For travel paid for with Federal funds, the travel authorization must include

documentation that demonstrates that (1) the participation in the event by the individual traveling is necessary to the Federal award; and (2) the costs are reasonable and consistent with the District's travel policy.

All travel shall comply with the travel procedures and rates established in the administrative guidelines. All costs incurred with Federal funds must meet the cost allowability standards within Board Policy [6114](#).

To the extent that the District's policy does not establish the allowability of a particular type of travel cost, the rates, and amounts established under 5 U.S.C. 5701-11, ("Travel and Subsistence Expenses; Mileage Allowances"), or by the Administrator of General Services, or by the President (or his/her designee), must apply to travel under Federal awards.

Applicable laws and regulations

2 C.F.R. 200.474

Adopted 1/3/12

Revised 5/21/13

Revised 8/2/16

Section 1: Purpose

The purpose of this handbook is to identify the types of travel permitted on district time and at district expense; the authorizations and approvals needed, and the allowable reimbursement limits for district staff and other participants.

There are three (3) types of professional development (PD) travel expenditures and they are the following:

- a. Training and seminars which are costs for regularly scheduled, formal training functions, conducted at a hotel, motel, convention center, residential facility, or at any educational institution or facility.
- b. Regular school district business which is a cost for regular official business travel, including attendance at meetings, conferences and any other gathering which is not a training seminar as defined above. This includes attendance at regularly scheduled county meetings and Department of Education sponsored, or association sponsored events.
- c. Conventions and conferences which are costs for programs, sponsored by professional associations, which address subjects of particular interest to our school district or are convened to conduct association business. The primary purpose of the employee attendance at conferences and conventions is the development of new skills and knowledge or the reinforcement of those skills and knowledge in a particular field related to school district operations.

Section 2: Procedure

- a. A Professional Development Form must be completed and submitted for proper approvals before attending any conference, seminar, workshop, or event that would require travel outside of the District, personal reimbursement, or time away from your regular assignment. Retain a copy for your records.
- b. The Professional Development Form must be submitted at least four (4) weeks before the requested dates to the building principal or immediate supervisor if travel arrangements such as air and hotel need to be made. Local Professional Development may be submitted within two (2) weeks. All supporting documents must be attached--brochure with dates, times, and location. ***If the attendee does not attend or if the event is canceled he/she must notify the building principal who in turn will notify the Assistant Superintendent and the Human Resources Department if a substitute was requested.***
- c. It is the responsibility of each administrator or supervisor to review the merits of the request regarding its educational value and relevance for the attendee. Professional Development should align with at least one of the Districts strategic goals.
- d. The Principal, immediate supervisor or designee will submit the professional development form to the **Assistant Superintendent of Educational Services or designee** for approval.
- e. Considerations will be given based on grant inclusions, district initiatives, and overall benefit to the District.
- f. Upon return from the professional development, the attendee must submit a Summary Report to the building principal or immediate supervisor. Failure to submit the required subject report may prevent you from attending future events.
- g. Upon return from the professional development, the attendee will need to complete an Expense Account Form (if personal reimbursement is required). The district will only cover travel costs (lodging, meals, etc.) for days that are a part of the approved travel. If an individual extends the travel for personal purposes, the costs associated with those days are solely the responsibility of the individual. The district may cover additional extended cost due to unforeseen circumstances only (i.e., travel delay due to inclement weather or airport emergency closings). All new claims must have back up documentation.

Section 3: Approvals

Arrangements or commitments should not be made before the **Assistant Superintendent of Educational Services or designee** approval. **ALL** expenses incurred before approval are at the individual's own risk, as the Board will not reimburse for these expenses.

Section 4: Budget

All requests for travel expenses must have been budgeted in the appropriate fiscal year. The Professional Development expenses must be covered by your school or professional development plan with existing funds. If funds are not available, the Professional Development may be declined. Purchase orders must be in place before professional development.

Section 5: Expense Report

Within two weeks from the return from the approved Professional Development, an Expense Account Form must be completed and turned into the budget manager (principal/administrative assistant, immediate supervisor, or the assistant superintendent of Educational Services office). **Original receipts for each claim must be attached to this form.**

- 1) Food allowance is \$40 per diem (per day). Meals are considered breakfast, lunch, and dinner, not snacks.
 - a) The cost incurred in one day may not carry over to another day.
 - b) **ALL** meal receipts must be itemized.
 - c) Gratuity and tips are not reimbursed.
 - d) Alcoholic beverages will not be reimbursed.
 - e) Receipts must be original. No copied receipts will be accepted.
 - f) Meal reimbursements are for employees only. You may not submit for friends or family.
 - g) Meals will be covered for the days that are part of the professional development. If an individual extends their trip for personal purposes, the cost associated with those days is the responsibility of the individual.
 - h) Meals purchased in the greater Cleveland area will not be reimbursed.
 - i) The District may cover extended cost due to unforeseen circumstances only (i.e. travel delay due to inclement weather, airport closing, flight cancellation, etc.). All new claims must have backup documentation.

- 2) Lodging travel arrangements will be the most economical rates available for that event.
 - a) Most conferences have a room block. If a block is not prearranged, the District will select the most economical hotel.
 - b) **The Assistant Superintendent of Educational Services or designee** will prepare hotel arrangements.
 - c) If you choose to reserve your reservations, you **cannot receive rewards or incentives** from the hotel or airline, and the arrangements must be pre-approved.
- 3) Mileage, parking, tolls, taxis, shuttles, or other means of transportation will be reimbursed for reasonable transportation.
 - a) Mileage will be reimbursed at the federal rate which is subject to change.

- b) Mileage to and from airports will be calculated from the Board of Education to Airport or attendees home address to the airport. Some sort of documentation must be attached showing mileage (ex: Google Maps, MapQuest).
- c) Parking will be reimbursed.
- d) Transportation will be reimbursed for travel to and from airports and to and from hotels to the venue. The District will not reimburse for leisure travel (to and from restaurants or other travel expenses).
- e) Rental cars must be **preapproved by the Assistant Superintendent of Educational Services or designee.**
- f) Violations or citations such as parking or moving **WILL NOT** be reimbursed by the District.
- g) Luggage will be reimbursed at \$25 each way or the airline rate not to exceed \$35 each way.

Air Travel - Will be purchased by the **Assistant Superintendent of Educational Services or designee**. If you require special arrangements due to a medical condition, this information must be provided on the professional development form. If there are preference times for departures and arrivals, they must be listed on the professional development form.

- Flights will be selected by date & time of the conference.
- Flights will also be selected by the most economically priced.
- If you have a specific flight you would like to request, attach a print out to the professional development form.

Lodging - The **Assistant Superintendent of Educational Services or designee** will reserve lodging. Hotel selection will be based on conference group blocks. If a group block is not provided or is unavailable, the District will accommodate with a hotel closest to the conference.

- The District will pre-pay for room rate and tax (resort and Wi-Fi fee if applicable). The attendee will be responsible for all incidentals. A copy of the receipt must be obtained at check-out and submitted to the **Assistant Superintendent of Educational Services or designee.**
- Rooms will be booked as double-occupancy if professional development is three (3) nights or less. If more than three (3) nights, a single room will be reserved.
- If the professional development is less than three (3) nights and you prefer to room alone, you will be responsible for half the room expense. **A check must be attached to the hotel folio and submitted with the expense account form. Failure to submit payment within two weeks of return from PD will result in a dock of pay in the amount of the hotel expense.**

Section 6: Summary Report

1) A summary report shall be submitted in the Professional Development Google Drive within one week of return from professional development.

Section 7: Forms

[**Professional Development Request Form \(Green\)**](#)

[**Expense Account Form \(Yellow\)**](#)

[**Individual Payment for Extra Assignment \(Yellow\)**](#)

[**Group Payment for Extra Assignment \(Yellow\)**](#)



Professional Development (Out of District) Request Form

All applications should be received four (4) weeks prior to the requested dates if travel arrangements are required and at least two (2) weeks if no arrangements are required . Please refer to the guidelines listed on the back.

Application for Professional Leave Cancellation of Previous Request Field Trip Request Consultant Request

Name as it appears on state ID : _____ Date: _____

School/Dept.: _____ Grade/Subject: _____

Meeting Name: _____ Date(s): _____ Location: _____

Will you receive compensation for attending this PD? Yes No If yes, how much?

A Copy of the Program Brochure Must be Attached
Refer to Professional Development Travel Guideline on the District Website

PROFESSIONAL LEAVE ESTIMATED EXPENSES

Substitute Cost: _____	Substitute Required?*	NO	YES
Registration Fee: _____	Other	remember to report absence to AESOP.	
Consultant Fee: _____	(#) _____ of Full days x \$129.00=	_____	
	(#) _____ of Half days x \$64.50 =	_____	
	-----INCLUDES BENEFITS COSTS-----		

Consultant Name: _____ Attach W9	_____ of Nights x _____ \$
Lodging: _____	*rate includes tax I will share a room I will room alone and pay half of room expense

Meals: _____	Meal expenses may not Exceed \$40.00 per day. <i>Itemized receipts required</i>
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Transportation: _____	_____ of miles x \$0.545 per mile= \$ _____
	Airfare \$ _____ Luggage \$ _____
	Parking \$ _____ Taxi/Shuttle \$ _____
	Other fee \$ _____ Total \$ _____
Total Estimated Expenses: _____	Flight preference: _____ day _____ evening _____ date _____

I Have Read and Agree to the Conditions as Stated on this form, and Agree to Pay all Non-re fundable costs if I cancel my attendance and a Suitable Replacement Cannot be Found.
Applicant's Signature/Date: _____

FOR SUPERVISOR OR PRINCIPAL USE ONLY

RECOMMENDATION: Approve as Requested Approve Partially Denied

COMMENTS: _____
Requested Funding Source: (List grant/fund name and complete coding(fund, func.,obj., spcc., and opu.)
Grant: _____
General: _____ Special request : _____
Other: _____

SUPERVISOR'S/PRINCIPAL'S SIGNATURE and DATE: _____

FOR ASSISTANT SUPERINTENDENT/EDUCATIONAL SERVICES USE ONLY

RECOMMENDATION: Approve as Requested Approve Partially Denied

Comments: _____

Signature _____ Date _____

HIGHLY QUALIFIED PROFESSIONAL DEVELOPMENT REQUEST FORM

Professional development request should meet the goals of the District. This packet outlines each goal and the objectives. You must provide a detailed description for each goal in the provided sections.

When and to whom should I submit my application?

Professional Development (Out of District) Request Forms must be filled out, signed, and submitted to the immediate supervisor or principal for approval at least 4 weeks prior to the dates of leave if travel accommodations are needed. Professional Development not requiring accommodations must be submitted at least two (2) weeks prior to request. At this time you must also fill out any and all requisitions for the expenses associated with the leave. The Professional Development Request form must then be signed by the **Assistant Superintendent or designee** at the Board of Education for approval. No further action is necessary until approval is granted. If arrangements are not made prior to approval you will be responsible for all costs incurred.

What else should I do in preparation?

Upon the Assistant Superintendent's approval, the professional leave should be reported to AESOP/Frontline (800) 942-3767 if the leave occurs during school/work time.

How do I cancel my request for professional leave?

Notify your immediate supervisor and the Human Resources Dept. if a substitute Resubmit the professional development form and check the box at the top marked "**cancellation of previous request**" and cancel your absence in AESOP. If expenses are incurred due to cancellation you will be responsible for those expenses if you do not have good reason for cancelling such as death in family or medical emergency for yourself or immediate family.

What documentation is required to be reimbursed for expenses?

Within two (2) weeks attending the Professional Development leave, you must complete the **Expense Account Form**. **If you fail to submit your Expense Account Form within the two (2) weeks, the Purchase Order will be closed and you will not be reimbursed.** Attach all pertinent documentation of the professional leave expenses: copies of registration certification, itemized receipts (originals), and a copy of the hotel bill (folio). Submit to the Budget Manager who will submit paperwork to the Finance Department for reimbursement. If you are receiving compensation, please submit a Payment for Extra Assignment Form (individual or group), which is located on the website under staff tab labeled forms.

The payment for extra assignment sheet must be submitted no later than one week after the return date of the professional development and must be accompanied by an agenda for the PD attended.

What expenses are covered?

Only **meals** (breakfast, lunch, and dinner) consumed outside the Greater Cleveland Metropolitan area during professional leave (\$40 per day limit), registration fees, lodging (**room and tax will be prepaid by BOE**), mileage, parking (**\$10 per diem max**), airfare (**prepaid by BOE**), luggage (**\$25 each way max**) and transportation service to and from airports and to and from hotels to conference if not held on-site are covered. If you choose to drive instead of flying you will receive no more than the cost of the flight and gas purchases are not reimbursed. **Rental cars must be preapproved by the Asst. Superintendent or designee prior to reservation. A one time fuel purchase will be reimbursed for rental cars.**

What expenses are not covered?

Employees will not be reimbursed for in-room movies, phone service, snacks, tips, or alcoholic beverages. For this reason, itemized receipts are required. Staff development dollars may not be used to purchase individual memberships to professional organizations, membership fees, or CEU's. Any expenditure not named on the application will not be covered. Additional unexpected expenses incurred during the leave must be resubmitted for approval by the Board.

What further documentation is expected upon my return?

In addition to documentation of expenses, a brief 1-2 page summary highlighting what was learned, how that knowledge will be applied, and the employee's evaluation of the content and presentation of the meeting must be submitted to your immediate supervisor and placed in the professional development Google Drive.

Please refer to the professional development travel guidelines on the District website.

Provide a brief description of this HQPD as it relates to the Ohio Professional Development Standards and the Districts Strategic Goals

Standard 1: Learning Communities

Standard 2: Leadership

Standard 3: Resources

Standard 4: Data

Standard 5: Learning Designs

Standard 6: Implementation

Standard 7: Outcomes

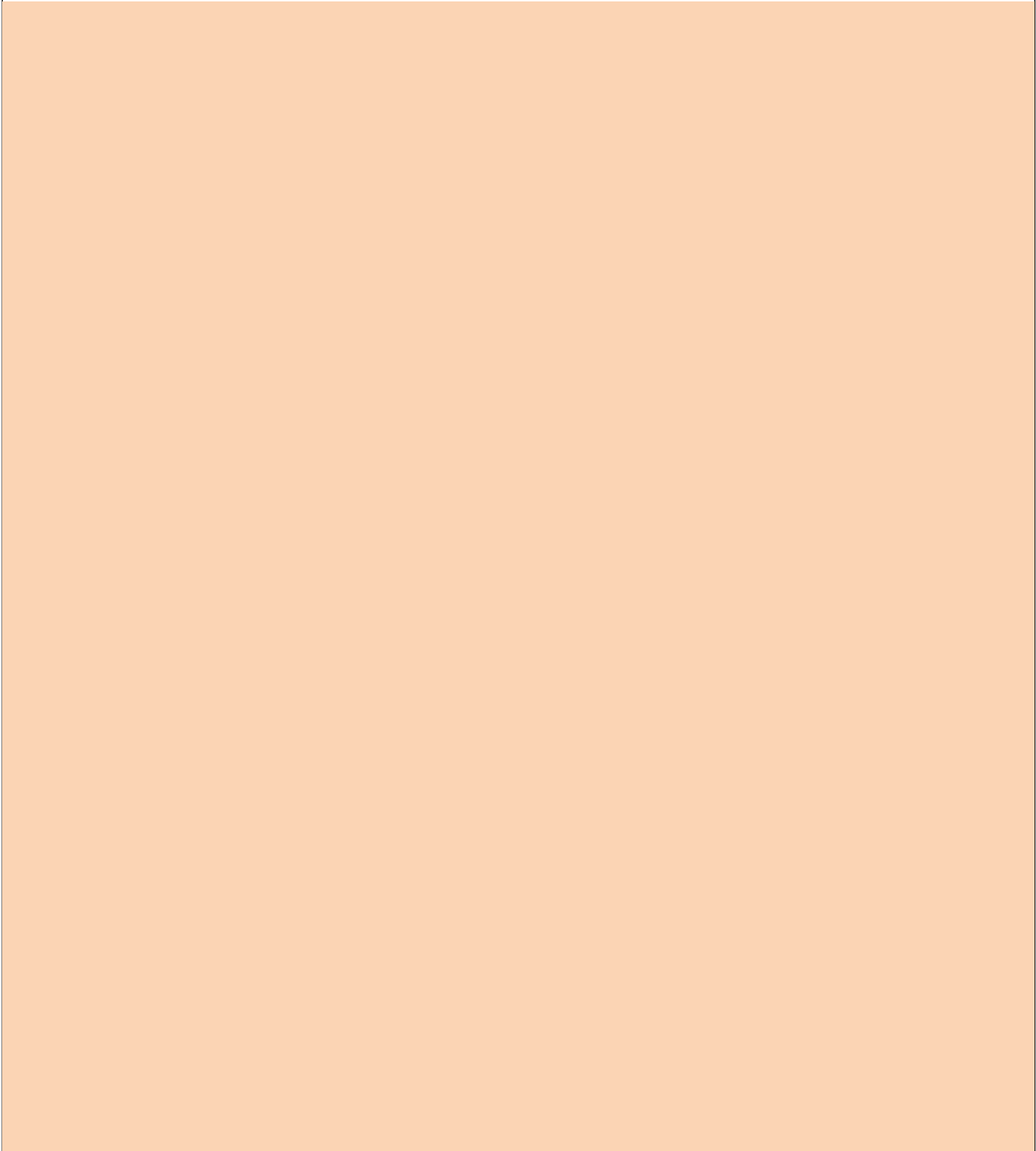
Goal 1: Student Outcomes, Expectations and School Mastery

Goal 2: Educational Approach Equity, empowerment, Opportunities

Goal 3: Parents, Community, Engagement Partnerships, Communication

Goal 4: Valued Professionals and Culture of Excellence

Goal 5: Operational Resources



Professional Development Summary Report

Name: _____

Date: _____

Name of Professional Development: _____

What information was gained from attending this PD?

How will the information from the conference be applied?

How would you rate the conference based on content and presentation?

Additional information:

Staff Development

Purchase Order # _____

EXPENSE ACCOUNT FORM

For reimbursement:

Complete and submit this form, along with all invoices and receipts to the Budget Manager who funded the professional development leave.

Employee _____

School/Department _____

Grade _____

Professional Leave Name and Location _____

Dates of travel _____ to _____

Registration Fee: (attach documentation) Total: \$ _____

Date: _____ Hotel/Co qwpv\$ _____ Amount: \$ _____

Meals/dt gcnlcw.'hwpej 'c'pf 'f lppgt: (qtki kpcn'teceipts must be attached) O gcn'o wu'pqv'gzeggf 'j g'f ckn' 'tc'g'qh'&620' P QVG<Vj g'F km kev'f qgu'pqv't gko dwt ug'ht 'creqj qnke'dgxgt ci gu.'upc emi'qt 'kr uO' Rpgc ug't wv't'reqj qnke'dgxgt i cgu'hp 't' lgr gt c w't'gegr wO' Total: \$ _____

Transportation/Mileage: (Attach all airline, transportation, parking and other travel receipts) Air Fare: \$ _____ Taxi/Bus: \$ _____ Parking/Tolls: \$ _____ Luggage/Baggage Fee: \$ _____ Mileage: (#) _____ of Miles x \$.545 per mile = \$ _____ Total: \$ _____

Total Expenditure for Professional Leave: \$ _____

Signature: _____ Date: _____

Federal Grant Administrator Signature: _____ Date: _____ (if applicable)

Approval Signature for Payment: _____ Date: _____



EXTRA ASSIGNMENT PAYMENT REQUEST

ATTENDEES: PLEASE COMPLETE ALL BOXES BELOW.

Information must be legible or payment will not be processed.

A copy of the agenda/itinerary **MUST** be attached in order to receive compensation.

Form must be received in the
Payroll office by the date
listed on the pay schedule.

KEEP A COPY FOR YOUR
RECORDS

Employee Name: _____ **Employee ID:** _____

Extra Assignment: _____ **Last 4 of SSN:** _____

Description: _____ **Location:** _____

State/Federal Grant Funded? Yes No **If Yes, 3 digit Fund number:** _____

Approved Account Coding:

 Fund SPCC Function Subject OPU IL Object

Dates	Description and time	Hourly rate	OR	Daily rate (if per diem)	Total \$ Amount Due <i>(Office Use Only)</i>
TOTAL SUPPLEMENTAL PAY= \$					

2 CRF 200.430 states: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed...These records must: (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated...(iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity...(vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity." As the supervisory official for [name of fund] _____, I hereby certify that the above employee worked solely for the single cost objective covered by the Federal Fund for the time designated above.

TITLE	PRINTED NAME	SIGNATURE	DATE
Staff Member Requesting Pymt			
Building/Dept. Administrator			
Federal Fund Administrator			
Other Grant Administrator			

Hourly Rates: Add'l duties - \$23; In Service - \$23 (attend), \$23 (preparation), \$36 (presentation); Summer school teaching - \$42



ATTENDANCE & SIGN-IN FOR COMPENSATED TIME

RATES OF PAY: Compensated hourly rates	
Certificated Personnel:	
Add's duties	\$23.00
In-Service (attend)	\$23.00
In-Service (preparation)	\$23.00
In-Service (presentation)	\$36.00
Summer School Teaching	\$42.00

Event/Meeting/Workshop Name: _____ **Date:** ____ / ____ / ____
Description: _____ **Time:** _____ am / pm
 _____ **Location:** _____

State/Federal Grant Funded? Yes No If Yes, 3 digit Fund number: _____

ATTENDEES: PLEASE COMPLETE ALL BOXES BELOW. Information must be legible or payment will not be processed. A copy of the agenda/itinerary MUST be attached in order to receive compensation.

Employee ID	PRINTED NAME	SIGNATURE	Last 4 Of SS#	Certified Or Classified	No. Of Hours Off Duty	Stipend Rate per Hour	Total \$ Amount Due (Office Use Only)
TOTAL STIPEND AMOUNT=							\$

2 CRF 200.430 states: "Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must: (i) Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated...(iii) Reasonably reflect the total activity for which the employee is compensated by the non-Federal entity...(vii) Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity." As the supervisory official for [name of fund] _____, I hereby certify that the above employee worked solely for the single cost objective covered by the Federal Fund for the time designated above.

Federal Fund Administrator's Printed Name: _____ **Signature** _____ **Date:** _____

Approved Account Coding: _____

Fund
SPCC
Function
Subject
OPU
IL
Object

Event Administrator's Printed Name: _____ **Signature** _____ **Date:** _____