

NECESSARY FORMS

N.T.U. - P.I.F.

YOU MUST COMPLETE STEPS 1-2-3-4-5

COMPLETE STEP 6 ONLY IF NEEDED

1 - NTU PROFESSIONAL IMPROVEMENT FUND APPLICATION

(Must be completed)

2 - TRAVEL AUTHORIZATION REQUEST FORM (TR-1)

(Must be completed for each employee with all necessary signatures except Superintendent's signature which will happen after final approval)

3 - JUSTIFICATION OF NEED FORM

(Must be completely filled out for each employee)

**4 - ATTACH A COMPLETED COPY OF THE ACTUAL CONFERENCE
REGISTRATION FORM AND ITINERARY.**

**5 - SUBMIT COPY OF YOUR CAR INSURANCE WHETHER YOU ARE
DRIVING OR NOT. IF DRIVING, ATTACH A ROUND TRIP COPY OF
MAPQUEST FROM YOUR HOME TO CONFERENCE.**

6 - MEALS BREAKDOWN FORM

(Must be completed only if qualified for meals reimbursement)

**** ALSO INCLUDE A BROCHURE WITH COPIES OF PAGES INDICATING
REGISTRATION AND HOTEL COST. ALSO, SHOW A DAILY ITINERARY FOR
EACH DAY YOU PLAN TO ATTEND.**

APPLICANT:

**Hand completed application to clerk in your main office to be inter-office mailed to
Marixsa Castillo.**

EMPLOYEE TRAVEL CHECKOFF LIST

2014-2015

School or Office	IN THE STATE OF NJ	Regional or Central Office	School or Office	OUT OF THE STATE OF NJ	Regional or Central Office
	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)	

NTU

**APPLICATION FOR ALLOTMENT FROM THE PROFESSIONAL IMPROVEMENT
FUND-NEWAK 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 _____ Lodging _____ Meals _____

Mileage reimbursement _____ Baggage Fees _____ Taxi/Shuttle _____

Other (Tolls, Parking) _____

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

7. Applicant's Signature: _____

8. Principal/Administrator Signature: _____

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:					DEPT./SCHOOL:			
TITLE:					EMPLOYEE ID#			
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)	\$	(train)	\$	Processing fees:	\$
Private Auto:		miles @ \$.31 per mile					\$
Private Auto:		miles @ .575 per mile					\$
Lodging:		# days @	\$	per day	\$	Taxes/Fees	\$
Registration:	\$						\$
Baggage Fees:	\$	(Note: one bag only each way)					\$
Taxi/Shuttle:							\$
Other: (explain)							\$
TOTAL:							\$
Professional Improvement Fund:							\$
Out of Pocket Expenses:							\$
GRAND TOTAL:							\$
Union Affiliation: (circle one) NTU NTA CASA Local 32 Conf. Emp. Local 617 OTHER:							

For Use by SBA's Office Only	
Copy of Car Ins.	Taking Public Trans:
Being Driven by Another NPS Employee:	

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

Employee Signature:	Date:
Approved:	Date:
Principal/Director	Signature
Approved:	Date:
Assistant Superintendent/Executive Director	Signature
Approved: State District Superintendent	Date:
	Signature

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.doe.gov>, and for eligible subsistence/reimbursement, refer to N.J.A.C. 8A:10 (h).

District Name: Newark Request Submission Date: _____
 Name of Event: _____ Event Location: _____
 District Contact Name: Marissa 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 Fare: \$	Parking: \$	Total Approved: \$
Lodging: \$	Taxi: \$	

Signature: _____ Date: _____

Dr. Lawrence S. Feinsod, Essex County Executive Superintendent

NECESSARY FORMS
N.T.U. - P.I.F.
(part two)

Upon returning from your professional development
YOU MUST complete:

1 - TRAVEL AUTHORIZATION REQUEST FORM (TR-2)

(Must be completed for each employee with all necessary signatures except Superintendent's signature which will happen after final approval)

2 – PROOF OF PAYMENT *(credit card statement showing a payment made towards your bill or endorsed check (copy front/back) and any receipts that apply to your reimbursement.*

3 – CERTIFICATE OF ATTENDANCE/COMPLETION

APPLICANT: Upon completion of your professional development, please forward your TR-2, proof of payment with all receipts and proof of attendance to one of these locations:

NPS Inter-office mail to: Justin Petino at East Side High School

Mail to or drop off at: NTU Local 481
Attn: Justin Petino/PIF Committee
1019 Broad St
Newark, NJ 07102

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 .31 CENTS	HOTEL	REGISTRATION	BAGGAGE FEES	TAXI / SHUTTLE	
DATES	ATTACH ORIGINAL ITEMIZED RECEIPTS							
TOTALS								

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

PROFESSIONAL IMPROVEMENT FUND (PIF)
Suggested/Recommended List of Conferences & Workshops for Professional Improvement

ART/MUSIC/PHYSICAL EDUCATION

National Art Education Association (NAEA) Convention; March 14-16, 2019; Boston, MA;
<https://www.arteducators.org/events/national-convention>

Art Educators of New Jersey (AENJ) Conference; Long Branch, NJ; Sept. 30 –Oct. 1-2, 2018;
<http://aenj.org/>

New Jersey Music Educators Association (NJMEA) Convention, February 21-23, 2019; East Brunswick, NJ; <https://njmea.org/conferences/conference-information/>

Music Together, <https://www.musictogether.com/teach/teacher-training-workshops/teacher-workshops>; various dates and locations.

New Jersey AHPERD conferences; various dates and places:
<http://www.njahperd.org/new/index.php/events/conferences-workshops/145-2015-16-professional-development-events>

New Jersey AHPERD Convention; February 24-27, 2019; Long Branch, NJ;
<http://www.njahperd.org/new/index.php/annual-convention>

BILINGUAL/ESL/WORLD LANGUAGE EDUCATION

New Jersey Teachers of English to Speakers of Other Languages/New Jersey Bilingual Educators (NJTESOL/NJBE), New Brunswick, NJ; <http://www.njtesol-njbe.org/spring-conference>; May 29-31, 2019

National Association for Bilingual Education (NABE); www.nabe-conference.com; March 7-9, 2019

Foreign Language Educators of NJ Spring Conference (FLENJ); April 5-6, 2019, Iselin, NJ;
www.flenj.org/annual-conference

MATHEMATICS

National Council of Teachers of Mathematics Regional Conference; Various locations and dates;
<http://www.nctm.org/Calendar/>

PRE-KINDERGARTEN AND KINDERGARTEN

Conference for New Jersey Pre-Kindergarten Teachers; National Conference: July 8-12, 2019; other various dates and locations; <http://sde.com/>

Conference for New Jersey Kindergarten Teachers; <http://sde.com/PD-Events/Conferences/>

PROFESSIONAL IMPROVEMENT FUND (PIF)
Suggested/Recommended List of Conferences & Workshops for Professional Improvement

SCIENCE

Science Convention, October 23-24, 2018; Princeton, NJ; <http://www.nscienceconvention.org/>

New Jersey Science Teachers Association (NJSTA); Various dates and locations; <http://www.njsta.org>

New Jersey Liberty Science Center; Various dates; <http://lsc.org/for-educators/lscs-teacher-community/professional-development-catalog/> October 2018-June 2019

SOCIAL STUDIES

National Council for the Social Studies (NCSS); November 30-December 2, 2018; Chicago, Ill; <http://www.socialstudies.org/conference>

New Jersey Council for History Education (NJCHE); December 1, 2017; Princeton, NJ; <http://www.njche.org/>

SOCIAL WORKERS

National Association of Social Workers (NASW); <https://www.socialworkers.org/events/conferences/2018-nasw-national-conference>

SPECIAL EDUCATION

National Association of Special Education Teachers (NASET); Various dates and locations; <http://www.naset.org/events/>

Autism Conferences; October 18-19, 2018; Atlantic City, NJ; <https://www.autismnj.org/annual-conference>