NTU PROFESSIONAL IMPROVEMENT FUND (PIF)



APPLICATION PACKAGE FOR EMPLOYEE TRAVEL

Revised 09/2014

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)

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

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		Regional	School		Regional
or Office	IN THE STATE OF NJ	or Central Office	or Office	OUT OF THE STATE OF NJ	or Central Office
	Travel Authorization Request			Travel Authorization Request	
	(TR-1) for each employee			(TR-1) for each employee	
	Justification for Travel			Justification for Travel	
	(for each employee)			(for each employee)	
	Proof of Valid Car Insurance			Proof of Valid Car Insurance	
	(if driving or being driven to location)			(if driving or being driven to location)	
	Meals Breakdown Form			Meals Breakdown Form	
	(if applicable)			(if applicable)	
	Registration Form/Invitation			Registration Form/Invitation	
	(for each employee)			(for each employee)	
	Itinerary/Program			Itinerary/Program	
	(for each employee)			(for each employee)	
	Requisition for Registration			Requisition for Registration	
	(not applicable for field trips)			(not applicable for field trips)	
	Requisition for Travel			Requisition for Travel	
	(Hotel/Air/Rail, if applicable)			(Hotel/Air/Rail, if applicable)	
	Requisition for Personal			Requisition for Personal	
	Reimbursement (for each			Reimbursement (for each	
	employee - food, taxi, baggage,			employee - food, taxi, baggage,	
	mileage, if applicable)			mileage, if applicable)	
	Professional Improvement			Professional Improvement	
	Fund Application			Fund Application	
	(if applicable)			(if applicable)	
	GSA.gov website printouts			GSA.gov website printouts	
	(per diem rates for lodging,			(per diem rates for lodging, mileage and meals breakdown)	
	mileage and meals breakdown)			Mapquest Printout	
	Mapquest Printout (for mileage reimbursement)			(for mileage reimbursement)	
	Grantor Permission Letter			Grantor Permission Letter	
	(only if using Fund 20 funds)			(only if using Fund 20 funds)	
	Field Trip Request Form			Field Trip Request Form	
	(if applicable)			(if applicable)	
				Out of State Travel Form	
				(for each employee)	

REVISED 07/01/14

<u>NTU</u>

APPLICATION FOR ALLOTMENT FROM THE PROFESSIONAL IMPROVEMENT <u>FUND-/NEWAK TEACHERS UNION</u> (PENDING AVAILABILITY OF FUNDS)

				DATE				
SCHOOL	. Name			Position				
Full Na	me			Employee ID.#				
Mailing	Address							
School	Street	Cell	City	State E-Mail		Zip		
1.	Name of conference/workshop:							
2.	Conference/workshop location:							
3.	Inclusive date (s) you plan to atter	nd:						
4.	Number of professional days requi	ired:						
5.	Total Cost of attendance at the cor	ference/work	cshop:					
	RegistrationTr	ansportation		Lodging	Meals			
	Mileage reimbursement	Baggag	ge Fees	Taxi/Shuttle				
	Other (Tolls, Parking)		_					
6.	Total amount requested from the l (Total maximum reimbursement i							
7.	Applicant's Signature:							
8.	Principal/Administrator Signati	ure:						

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:	NAME: DEPT./SCHOOL:															
TITLE:																
INCLUSIV	INCLUSIVE DATES OF TRIP:															
DESTINAT	ION	I: (city, s	tate)													
TITLE OF I	EVE	NT:														
•]	Fund Sub		Sub Fund		rogram	Function		1	Object		Location Refer		ence	Regional	
Account #																
		EXI	PENSE	ES: OB	TAIN	RATE FF	ROM W	ww.	.GSA	.GOV A	ND A	ATT	АСН СОГ	PIES		
		I													AM	OUNT
Meals:		\$	per d	lay (bro	eakdo	wn attache	ed)								\$	
Transportat	ion:	\$	(air) \$ (train) \$				Processing fees:				\$					
Private Auto):	miles @ \$.31 per mile							\$							
Private Auto):			miles (@ .575	5 per mile									\$	
Lodging:				# days	@	\$		per d	lay	\$		J	Taxes/Fees	5	\$	
Registration	:	\$													\$	
Baggage Fee	es:	\$		(Not	e: one	bag only o	each wa	y)							\$	
Taxi/Shuttle	:														\$	
Other: (expl	ain)														\$	
													Т	OTAL:	\$	
										Profes	siona	l Imp	provemen	t Fund:	\$	
											Ou	it of l	Pocket Ex	penses:	\$	
	GRAND TOTAL: \$															
						~ . ~ /	_		-	_		_				
Union Affiliat	tion:	(circle on	e) I	NTU	NTA	CASA	Local	32	Conf	. Emp.	Loo	cal 61	7 0	THER:		

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

<u>Directions:</u> 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 <u>http://www.gsa.dov</u>, and for eligible subsistence/reimbursement, refer to N.J.A.C. 6A:10 (h).

District Name: Newark Request Submission Date:							
Name of Event:	E	Event Location:					
District Contact Name: Marixan	a CastilloP	astilo Phone: (973) 733-8702 Faxc					
PARTICIPANTS' NAMES	TITLE	Departure Date/Time	Returning Date/Time				
Indicate type of: Travel	Event Training/Se	eminar: Conventio	on/Conference:				
Regula	r School District Business:	Retreat					
FUNDING BREAKDOWN							
Registration: \$	Meels: \$	*Other Costs: \$					
Air Fare: \$	Parking: \$	Total Requested: \$					
*Lodging: \$	Taxi; \$						
* Other Costs (provide explana	tion and breakdown):		•				
Account Budgeted:	To	tal Amount in Budgeted Acc	count				
** For lodging, indicate if the							
List goals and objectives from th	e district's Professional Devel	opment Plan:					
L							
JUSTIFICATION OF NEED							
Provide justification of need: 1 needs of the district, including attending will share what they information to be gained at t explanation as to how the reque	i link to the Core Curriculu learned with others in the a his conference cannot be	im Content Standards; 2) ichool district; 3) document obtained through more c	explanation as to how those ation that the knowledge and lost effective means; and 4)				
AGENDA/ITINERARY: For ea							

	District Aut						
Chief School Administrator Sign	nature:	Date:					
District Board of Education App	proval Date:						
	For DOE L						
		-					
Approval Granted:	Request [Denied:					
Costs Approved: Registration: \$	Meals: \$	*Other Costs: \$					
Air Fair: \$	Parking: \$	Total Approved: \$					
Lodging: \$	Taxi:						
Loog III St. 4	1.000	T Sheet lett more the second	Contractory 1 Las and the second				

Signature:

Date:

Dr. Lawrence S. Feinsod, Essax 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

THE NEWARK PUBLIC SCHOOL 2 Cedar Street, Newark, NJ 07102

EXPENSE STATEMENT

THIS STATEMENT MUST BE COMPLETED WITHIN TEN DAYS AFTER EACH TRIP

Α.									
PRINT NAME					EMPLOYEE ID # TELEPHONE #				
Destination:	(city, state)				DATES OF TRAVEL:				
TITLE OF EVEN	NT:								
_									
B. I			MS CHARGED TO) THE NEW		BAGGAGE	TAXI /		
	MEALS	AIR/RAIL	PRIVATE AUTO RATE .31 CENTS	HOTEL	REGISTRATION	FEES	SHUTTLE		
DATES			ATTACH ORIG	INAL ITEMIZE	D RECEIPTS				
								and a strength	
TOTALS									
C. SUMMA									
			OVE EXPENDITU					TC	
			AND INCLUDE N						
Employee Signa	ature					Date:			
Principal/Directo	or	2				Date:			
	N	ote: Maki	E A CLEAR COPY	OF ALL RE	CEIPTS FOR Y		s		

PIF CONFERENCE LIST 2014-2015

NJTESOL New Jersey Teachers of English to Speakers of Other Languages/ New Jersey Bilingual Educators May 27-28, 2015 New Brunswick, NJ http://www.njtesol-njbe.org/spring-conference/default.htm

2015 Foreign Language Educators of NJ Spring Conference March, 2015 Hotel Somerset Bridgewater, Somerset, NJ 08873 http://conference.flenj.org/

Conference for New Jersey Pre-Kindergarten Teachers Feb 23–24, 2015—Atlantic City, NJ http://www.sde.com/teacher-conferences/details.asp?id=1263

National Council of Teachers of Mathematics 2015 Regional Conference Various locations and dates http://www.nctm.org/conferences/default.aspx?id=52

Autism Conferences in 2014-2015 Several conferences throughout NJ. See website http://www.theautismeducationsite.com

National Art Education Association Various conferences within the Northeast Corridor http://www.arteducators.org March 26-28, 2015

NJMEA Music Conference February 19-21, 2015

http://www.njmea.org/

NJAHPERD 2015 Annual Convention February 22-24, 2015 in Long Branch, NJ http://www.njahperd.org

Special Education http://www.naset.org/

Social Studies http://www.socialstudies.org Various conference dates.

Science http://www.njscienceconvention.org/

ON-LINE PROFESSIONAL DEVELOPMENT GUIDELINES (9-19-2012)

The District has reviewed NTU's proposal regarding the use of Professional Improvement Fund (PM) toward on-line Professional Development (PD) Course expenses and supports it. Below you will find a list of approved on-line PD providers approved for reimbursement from the PIF as well as guidelines for reimbursement.

Please be advised that teachers must follow the application process previously established and must select courses from the approved PD list. If a teacher seeks reimbursement for services from a provider not on the approved list, he/she must first submit an application with supporting documentation and full description of the PD requested. The application/provider will then be reviewed by the PD committee and the Director of Staff Development for approval. Additionally, edministrative days will not be granted for online PD. Furthermore, this in no way impacts the amount of the PIF funds available to the NTU membership. PIF funds remain the same.

The list of online professional development providers below has been approved for reimbursement from the Professional Improvement Fund (PIF) under the following conditions:

- Teachers must follow the process already set in place for application for allotment from the Professional Improvement Fund
- Teachers must select PD from the approved list of providers
- If a teacher seeks reimbursement for services from a provider not on the approved list, they must first submit an application with supporting
 documentation and full description of the PD in which they wish to participate in. The application/provider will then be reviewed by the PIF
 committee for approval.

APPROVED ON-LINE VENDORS (9-19-2012)

Learner.Org-The Annenberg Learner http://www.learner.org/workshops/workshop_list.html Thinkfinity/Verizon Foundation http://www.thinkfinity.org/welcome Educational Technology Training Center (ETTC Middlesex) http://www.techtrain.org/ http://www.iste.org/learn/professional-development ISTE-International Society for Technology in Education **PBS TeacherLine** http://www.pbs.org/teacherfine/ Knowledge Delivery Systems http://www1.kdsl.org/courses/New-jersey.htm Magellan University Course Catalog http://www.magellan.edu/magellan/control/catalog Teacher Education Institute Professional Development Courses http://teachereducation.com/professional-development-courses.html ASCD OnLine Courses http://www.ascd.org/professional-development/pd-online.aspx School Improvement Network http://www.schoolimprovement.com/ University of Wisconsin-STOUT Professional Development http://www.uwstout.edu/soe/profdev/index.cfm Rowan University Continuing Education for Teachers http://www.virtualeduc.com/rowan/