

Connecticut Technical High Schools

APPLICATION FOR PROFESSIONAL DEVELOPMENT CONFERENCE REIMBURSEMENT
SVFT MEMBERS ONLY

GOAL: To enable SVFT members to grow professionally

Name: _____

Home Address: _____

City, _____ State _____

School: _____

Title of Conference: _____

Start Date: _____ End Date: _____

Description: (A copy of conference description that includes dates and cost/no cost must be attached to this request.)

Date of Application: _____

Employee ID#: _____

Collective Bargaining Unit:SVFT/17

Teaching Area: _____

Conference Registration: \$ _____

Proof of cost is required for all conferences including no cost conferences.

Will a substitute teacher be required? ☐No ☐Yes

Substitute Coverage: # of days _____ @ Cost per day _____ \$155.00 Total Cost \$ _____

Date:

Date:

Principal's Signature of Approval

PD Chairperson's Signature

Registration Fees and Substitute Coverage Costs are the only reimbursable expenses. Each SVFT member is allotted \$550 per year. This amount includes the cost of substitutes when required. Substitute costs will be subtracted prior to applying funds toward registration. The allotment is from a shared pool of money set by contract; the pool is subject to depletion. Verification of attendance and receipts for costs paid are required for all reimbursement requests. A No Cost Travel Authorization (TA) form is required only for out-of-state travel and must be attached to the CTS-43 Form.

After this form has been approved by the principal and the PD Chairperson, the original request application is sent to the attention of, Tonya Stoute PD Supervisor in Central Office and reviewed by PD Conference sub-committee for final recommendation.

Date:

Date:

PD Committee Approval

System Approval (Superintendent)

Date:

Amount Approved by DFAS: \$ _____

(Division of Finance and Administrative Services)

(Registration Only)

After the conference, the following documentation must be submitted to:

1. Proof of conference registration payment in full (Canceled Check, Credit Card Receipt acceptable)
2. Certificate of conference completion (attendance)

Lillian Rivera-Hicks, Division of Finance and Administrative Services, 450 Columbus Blvd., Suite #404, Hartford, CT 06103

Submitted to OSC on _____/_____/_____ By _____

DFAS OFFICE