

Connecticut Technical Education and Career System (CTECS)

APPLICATION FOR PROFESSIONAL DEVELOPMENT CONFERENCE REIMBURSEMENT SVFT MEMBERS ONLY

Collective Bargaining Unit:SVFT/17

GOAL: To enable SVFT members to grow professionally

Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Are you willing to provide PD in your content area at the school or district level? Yes No

School: \_\_\_\_\_

Teaching Area: \_\_\_\_\_

Title of Conference: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Conference State/Virtual: \_\_\_\_\_

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

Briefly explain how this activity will be applied in your work assignment: (attach additional pages if necessary)

\_\_\_\_\_  
(Teacher's Signature)

Conference Registration: \$ \_\_\_\_\_  
Proof of cost is required for all conferences including no cost conferences.

Will a substitute teacher be required? Yes No

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

\_\_\_\_\_  
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 and an out-of- state travel checklist is required only for out-of-state travel and must be attached to the CTS-43 Form.

After this form has been signed by the teacher, principal and the PD Chairperson, the original request application is sent via email to CTS43SVFT@cttech.org. Do not send this form by mail. A received notification will be sent from Tonya Stoute PD Supervisor in Central Office and reviewed by PD Conference sub-committee for final recommendation to SDE. This is not an approval and you must wait for email approval from SDE. Travel PD also requires additional forms as explained above.

\_\_\_\_\_  
Date: \_\_\_\_\_  
PD Committee Approval

\_\_\_\_\_  
Date: \_\_\_\_\_  
System Approval (Superintendent)

\_\_\_\_\_  
Date: \_\_\_\_\_  
(Division of Finance and Administrative Services)

Amount Approved by DFAS: \$ \_\_\_\_\_  
(Registration Only)

After the conference all documentation must be submitted via email to Lillian Rivera-Hicks at lillian.riverahicks@cttech.org

- 1. Proof of conference registration payment in full (canceled check with your name , credit card receipt acceptable)
- 2. Proof of attendance/conference completion

Lillian Rivera-Hicks, CTECS Central Office

Submitted to OSC on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ By \_\_\_\_\_