CTS-43 (7/1/25)

Name:

Home Address:

Connecticut Technical Education and Career System (CTECS) Please PRINT Clearly or Type

Date of Application:

Employee ID#: _____

CTECS - CENTRAL OFFICE

APPLICATION FOR PROFESSIONAL DEVELOPMENT CONFERENCE REIMBURSEMENT SVFT MEMBERS ONLY

This form must be submitted two weeks PRIOR to the conference date Collective Bargaining Unit:SVFT/17

GOAL: To enable SVFT members to grow professionally

City	State	Are you willing to provide school or district level?	PD in your content area at the Yes No
School:		Teaching Area:	
Title of Conference:			
Start Date:Er Description: (A copy of conference description)	nd Date: on that includes dates and cost/no	Conference State/V o cost must be attached to this request	irtual:
Briefly explain how this activity will	be applied in your work	assignment: (attach additional pa	ges if necessary)
(Teacher's Signature)		Conference Regist	ration: \$ rall conferences including no cost conferences.
Will a substitute teacher be required	d? Yes No	(11.1.11.1.11.1.11.1.11.1.11.1.11.1.11.1	
Substitue Coverage: # of days		\$155.00 Total Substitu	ute Cost \$
	Date:		Date:
Principal's Signature of App	roval	PD Chair	person's Signature
Registration Fees and Substitute Coverage Costs This amount includes the cost of substitutes when pool of money set by contract; the pool is subject Cost Travel Authorization (TA) form and an out-of	n required. Substitute costs will be to depletion. Verification of atte	e subtracted prior to applying funds to ndance and receipts for costs paid are	ward registration. The allotment is from a shared required for all reimbursement requests. A No
After this form has been signed by the teacher, pr	incipal and the PD Chairperson, th	he original request application is sent vi	ia email to CTS43SVFT@cttech.org. Do not
s <mark>end this form by mail.</mark> A <u>received</u> notification w	II be sent from Tonya Stoute PD S	Supervisor in Central Office and reviewe	ed by PD Conference sub-committee for
final recommendation to SDE. This is not an appro	· · · · · · · · · · · · · · · · · · ·	approval from CTECS Central Office. Tro	
	ate:		Date:
PD Committee Approva		System Appr	roval (Superintendent)
	ate:	Amount Approved by DF	AS: \$
(Central Office Fiscal Services Appro	val)		(Registration Only)
After the conference, all documenta	tion must be submitted	via email to Lillian Rivera-Hi	cks at tuition.reimbursements@cttech.o
Proof of conference registration payn Proof of attendance/conference com	nent in full (canceled check		
Lillian Rivera-Hicks, CTECS Central Office			
Submitted to OSC on /	/ Bv		