

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: _____

Conference State/Virtual: _____

Start Date: _____ End Date: _____

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 to improve educator practices and /or student outcomes: (attach additional pages)

Conference Registration: \$ _____

(Teacher's Signature)

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 \$200.00 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 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 end 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. This is not an approval and you must wait for approval from Lillian Rivera-Hicks. Travel PD requires additional forms as explained above.

Date: _____

Date: _____

PD Committee Approval

System Approval (Superintendent)

Date: _____

Amount Approved by DFAS: \$ _____

(Division of Finance and Administrative Services)

(Registration Only)

After the conference all documentation must be submitted via email to Lillian Rivera-Hicks at Lillian.Rivera-Hicks@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, Division of Finance and Administrative Services

Submitted to OSC on ____/____/____ By _____