

**ARAB CITY SCHOOLS**  
**PROFESSIONAL CONFERENCE REQUEST PROCEDURES**

The administrative staff of Arab City Schools believes that many state, regional, and national conferences provide viable professional growth opportunities. The following plan has been developed in an effort to establish an equitable method of considering teacher initiated requests to attend such conferences.

**CONFERENCE REQUEST PROCEDURES:**

**Before the Conference:**

1. Submit a Conference Request Form
2. Submit a Professional Leave Request Form
3. Submit a conference program or a list of the scheduled activities if available.

**After the Conference:**

1. Work with your building principal and grade-level/department chairperson to implement the knowledge/skills gained at the conference.
2. When appropriate, provide turn-around training to other subject/grade-level teachers using the knowledge and skills gained at the conference.

**Criteria for Determination:**

1. Degree to which the information to be gained justifies the potential expense involved.
2. Degree to which the potential benefits justify the loss of classroom teaching time.
3. Degree to which the projected plan for sharing conference activities with other teachers meet the needs of the instructional program.
4. Percent of the budgeted funds for professional development needed to meet the projected expenses of the conference.

*Note:*

- *Priority consideration will be given to teachers who belong to the sponsoring organization and/or have not recently attended a similar conference*
- *Regional Inservice Center activities that are sponsored by other school systems during the regular school day will not normally be approved.*

## REIMBURSEMENT PROCEDURES:

State, Federal, and local audit procedures require appropriate receipts for reimbursement of expenses from local school board funds. If funds are available:

1. **Registration:** Teachers will only be reimbursed for normal conference registration expenses. Many professional organizations combine conference registration fees with membership dues. The Board of Education does not pay professional membership dues. Therefore, conference registration fees and membership dues should be separated when requesting payment or reimbursement.
2. **Lodging:** Teachers will be reimbursed for single room rates only. Services provided by the hotel management at additional costs cannot be reimbursed by the Board of Education. (Such services might include charges for room service, beverages, personal telephone calls, newspapers, movies, and other personal amenities.)
3. **Meals:** Teachers will be reimbursed for actual costs of meals. (No attempt will be made to establish a per diem allowance for meals. Teachers are expected to exercise good judgment in their request for meal reimbursement.)
4. **Mileage:** The school vehicle is available for teachers to use for travel to and from conferences. A copy of the teacher's driver's license must be on file at the Central Office prior to departure. Priority consideration will be given based on the distance to the destination and the length of the stay. Mileage reimbursement must be pre-approved. (Teachers are expected to carpool when several individuals attend the same conference.)

ACS PROFESSIONAL CONFERENCE REQUEST

Teacher's Name: \_\_\_\_\_

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

Sponsoring Organization: \_\_\_\_\_

Current Member of Sponsoring Organization:      \_\_\_ Yes      \_\_\_ No

Location of Conference: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

Date(s) out of Classroom: \_\_\_\_\_

Projected Costs:

Lodging: \$ \_\_\_\_\_ Transportation: \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_ Registration: \$ \_\_\_\_\_

List anticipated benefits and Alabama Quality Teaching Standard objective: \_\_\_\_\_

\_\_\_\_\_

Describe how you will share knowledge/skills with others: \_\_\_\_\_

\_\_\_\_\_

Check when turn-around training will be provided for your school, grade level, or department:

\_\_\_ Professional Development Day (Specify Date/Time) \_\_\_\_\_

\_\_\_ After School (Specify Date/Time) \_\_\_\_\_

\_\_\_ Summer (Specify Date/Time) \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Principal's Signature

Approve \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
Instructional Supervisor Signature

Approve \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

Approve \_\_\_\_\_

Not Approved \_\_\_\_\_