



Columbus City Schools/ Columbus Administrators Association

Administrators' Professional Leave 2019-2020 Guidelines and Schedule

Contact information: leavsofabsence@columbus.k12.oh.us



Administrators' Professional Leave Guidelines and Schedule

- 1. Preference will be given to workshops offered in the Columbus area and in the State of Ohio.
- 2. Submit conference/activity travel requests forms for approval no less than two weeks in advance of the Professional Leave Committee (please review schedule below). For example, activities for October must be approved at the September meeting, etc.
- 3. Trips outside the continental United States are not eligible for approval.
- 4. The current fiscal year begins July 1, 2019 and ends June 30, 2020.
- 5. Summer activities are encouraged provided there are funds available from the current fiscal year.
- 6. Professional leave cannot be used for activities to obtain college credits or certification.
- 7. Applicants are limited to \$2500 over a two (2) year period. You may use your discretion as to how many activities you request to attend as long as the total is \$2500 or less for the two year period.
- 8. Preference will be given to staff who have not utilized the fund within the last two years.
- 9. Expenses will not be approved in conjunction with personal leave use. When a request is denied, expenses will not be authorized if the individual elects to use personal leave.
- 10. Membership in a professional organization is not reimbursable from this program unless such membership reduces the cost of the conference registration by an amount equal to or greater than the cost of such membership.
- 11. Permission to attend a professional activity which requires neither funding nor a substitute should be approved with your immediate supervisor and will not be considered through the Professional Leave Committee.
- 12. Any changes to the approved requests must be cleared through the Professional Leave Committee supervisor.

If Start Date of Activity Is:	Request Due in HR by 4 p.m. by:	Committee Meeting Date
October 1-31, 2019	August 30, 2019	September 12, 2019
November 1-30, 2019	September 20, 2019	October 3, 2019
December 1-31, 2019	October 18, 2019	November 7, 2019
January 1-31, 2020	November 22, 2019	December 5, 2019
February 1-29, 2020	December 20, 2019	January 2, 2020
March 1-31, 2020	January 24, 2020	February 6, 2020
April 1-30, 2020	February 21, 2020	March 5, 2020
May 1-31, 2020	March 20, 2020	April 2, 2020
June 1-30, 2020	April 17, 2020	May 7, 2020

You may download and print these documents as needed from the Human Resources section of the Internet at http://www.ccsoh.us/HRAdministration.aspx.

Columbus City Schools Office of the Treasurer Employee Travel Reimbursement Guidelines

Per Diem

- \$45 per diem will be paid to employees for each night spent in a hotel on business. One night =
 \$45, two nights = \$90, etc. No exceptions.
- Per Diem reimbursement always requires an overnight stay.
- Receipts are not required for reimbursement. Tips are covered by per diem.

Hotel Stay

- Hotel stay is limited to the length of the conference. For example, three day conference = three nights allowed in a hotel.
- Hotel choice is limited to a conference hotel (unless sold out). For other than conference hotel, maximum rate should not exceed GAO guidelines. http://www.gsa.gov/portal/category/21287

Airport Transportation at Destination

- Transportation to/from the conference airport is limited to the cost of a round trip shuttle. Visit
 the destination airport website. Look for a link to ground transportation for reservations and/or
 rates. Employees electing to secure other modes of transport are limited to the shuttle rate for
 reimbursement.
- Transportation to/from hotel will be reimbursed if a conference shuttle is not provided and the hotel is not within walking distance.
- Transportation to/from meals/entertainment is not reimbursable

Car Rental at Destination

 Car rental is approved only under <u>exceptional circumstances</u>, such as the need to visit multiple schools. Approval requires a detailed justification/rationale. The daily limit for reimbursement is \$50, which includes all associated costs: rental fee, gas, parking, tolls, etc. Optional insurance will not be reimbursed.

Driving Personal Vehicle Out of Town

- Maximum reimbursement for all driving expenses (mileage, parking, tolls) is the <u>lower</u> of \$300 or the cost of an airline ticket to the conference destination.
- Google "IRS Mileage Rate" to see effective rate on date of travel.

Miscellaneous

- Reimbursement limit of one checked bag each way (\$60/round trip currently).
- CMH airport parking reimbursement limit = Blue lot rate (\$9/day currently).
- Failure to attend conference will result in the employee being held responsible for repayment of any non-refundable charges paid by CCS on behalf of the employee.
- Technology, equipment &/or books received at this conference become the property of CCS.

Exceptions

Any exception to the above requires appropriate justification, advance notification, and approval in writing.

FY 2019/20 Conference Cheat Sheet

- Employee submits "Professional Leave Request" forms.
- Once request is approved by the Professional Leave Committee, an approval letter will be sent to the employee.
- A purchase order will be processed for the employee and sent to the employee once received in Human Resources

After receiving his/her purchase order the employee MUST:

- Complete the conference/activity registration. Provide the purchase order number if asked and submit the registration form to the vendor.
- Billing address is: Accounts Payable 270 E. State Street, Columbus, OH 43215
- If pre-payment of a conference registration is required, attach the registration form to a copy of the purchase order and send to Accounts Payable. This cannot be paid without a copy of the purchase order **and** the registration form or invoice.
- Confirm BOTH hotel and conference availability before making air reservations. The
 employee is responsible for any costs associated with canceling or changing air
 reservation.
- Employee may contact travel agent (Uniglobe @ 614-237-4488) for air estimates and to book the air reservation and/or hotel reservation. Hotel reservations made through the travel agent require an employee payment (non-reimbursable) of a \$35 convenience fee. Employees are required to stay in the conference hotel unless full.

After returning from the conference/activity the employee MUST submit the following items to Accounts Payable within 30 days of your return:

- 1. Claim form
- 2. Hotel folio
- 3. Air itinerary
- 4. Conference registration receipt
- 5. Paid shuttle receipt
- 6. Paid CMH parking receipt
- 7. Paid airline baggage receipts
- 8. Certification of conference attendance verifying the event, place, dates and for the purpose given.
- 9. Certification that their per diem claim reflects a deduction for any meals provided by the conference.



COLUMBUS CITY SCHOOLS ADMINISTRATORS' 2019-2020 PROFESSIONAL LEAVE REQUEST

Approval # MWA			Emp. Vendor #			
This section is to	be completed by	the Office of Huma	an Resources Administration			
I hereby request permission to attend the following conference/activity in accordance with Board policies and Administrative regulations.						
EMPLOYEE INFORMATION			Route #			
Name:			Employee ID#			
Administrative Assignment:	Bldg.					
Dates Absent from Work:		Dept.				
CONFERENCE/ACTIVITY INFORMATION Name of Conference/Activity:	<u>ATION</u>					
Activity Location:						
Did your receive Professional Leave	Yes		Activity Dates:			
during the 2018/2019 School Year	No		Amount Recvd.			
Please place the letter from the ca	tegory below that	t best describes yo	our request & place in box			
A. Attend general professional activi	A. Attend general professional activity C. Interschool classroom observation		school classroom observation			
B. Represent school district as an of	officer, committee D. Prese		enter	enter		
member, North Central Evaluator	etc.	E. Acco	ompany students			
TRAVEL EXPENSES (You must se				ly)		
Are you paying the registration f	•		Registration fee amount:			
	No					
Misc. Travel Expenses (taxis, shut Note: The District does not pay for tra Transportation is reimbursed b	avel to and from res	staurants or for enter				
Personal automobile mileage (# miles round trip) times		current approved mileage rate				
Airfare (to paid in advance by CCS)?		Yes	s (please list cost or estimate)			
		No				
Rental Car #days	\$ amount per day	(maximu	ım \$50 per day)			
Rental car rationale:						
Lodging* # nights	\$ costs per night		(normal limit \$150/night)			
Explanation if lodging request is mor	e than \$150/night					
Per Diem Expenses	#days	at \$45.00	per day			
Note: If meals are provided as part of the conference, per diem must be adjusted down for each meal provided as follows: \$7 - Breakfast; \$11 - Lunch, \$27 - Dinner						
Total Estimated Expenses			Limit \$2500.0	0 :		
For School Based Administrators						
Your Signature			Date:			
RED's Signature			Date:			
For Central Office Administrators						
Your Signature			Date:			
Supervisor's Signature			Date:			
Superintendent's Designee Please attach a descrip	otive brochure inc	cluding costs, date	Date: s, times, lodging information,	etc.		

Please submit forms to: Human Resources Administration along with attachments or to the email address below:leavesofabsence@columbus.k12.oh.us

COLUMUBS CITY SCHOOLS ADMINISTRATORS' 2019-20 PROFESSIONAL LEAVE REQUEST FORM

(This form must be completed or your request will not be considered)

Description of Activities	
Description of Activity:	
Description of Educational Ment of Activity.	
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Descriptive Brochure Attached? (It is required for consideration of request)	_YesNo

COLUMBUS CITY SCHOOLS 2019-20 PROFESSIONAL LEAVE CLAIM FOR TRAVEL EXPENSE REIMBURSEMENT

Within 30 days of your return, please return this form along with your receipts, copy of p.o. and signature to:

Accounts Payable, 270 E. State Street, Columbus, OH 43215

Employee & Conference l	nformat	ion			
Your P.O.#	Employe	e Vendor #		Approval#	
Name		<u>.</u>		Your ID#	
Worksite (indicate building)					
Full Conference Name					
Conference Location (City/State)				
Actual Travel Dates				<(Must co	rrespond with dates
Dates Absent from Work				<approve< td=""><td>d by Committee)</td></approve<>	d by Committee)
Everance Daid in Advance	. D. Cale	andrea City Cabaala	_		List Costs Below
Expenses Paid in Advance Airfare (Air itinerary must b			<u> </u>		LIST COSTS DETOW
Lodging Expenses (list dates of s		Roommate name (if a	applicable)		
Loughing Expenses (not dutes of s	· · · · · · · · · · · · · · · · · · ·	Noominate name (i)	<i>аррнеаыс</i> ,		
Registration (Proof of Attenda	nce must ri	eflect dates/location			
& purposes as sta					
Misc paid or reimbursed in adva					
Total expenses paid in advance		-		[2]	
		•			
Expenses Paid by Employ				r meals	List Costs Below
Airfare/Baggage (attached paid		,			
Lodging Expenses (list dates of s	tay)	Roommate name (if	applicable)		
Registration (attach receipt show				T	
Personal automobile mileage (#		-			
Rental Car (if pre-approved) Ma	ximum \$50				
Per diem (meals, etc.) # of day		at \$45.00	•		
*See Employee Travel Reimburs				as part of th	ne conference
Incidentals: (airport shuttle/tax	i, conferen	ce shuttle/taxi, airport	parking)		
Note: Itemized receipts required	d. Taxi rece	eipts must be dated an	d show pic	kup & destir	nation
Total expenses paid out of po	cket by er	mployee		[4]	
Settlement					List Costs Below
a. Maximum Reimbursement A	nnroved by	Committee - attach d	ocumentat	ion	1.00 0000 10.00
 b. Less Costs Paid in Advance by Columbus City Schools see [2] above) c. Maximum Reimbursement of Employee (Item A minus Item B) 					
d. Total Expenses Paid by CCS E			1		
Amount Owed to Employee, if a	<u> </u>		above)		
	1-10-10-20-10-1	1		1	

*By signing, I certify I attended the event listed above at the location shown, on the date given, and for the purposes stated. Out of pocket expenses are accurate and my claim for per diem was adjusted for meals provided by the conference

Employee's Sianature