

**Connecticut Technical High Schools  
APPLICATION FOR PROFESSIONAL DEVELOPMENT CONFERENCE REIMBURSEMENT  
SVFT MEMBERS ONLY**

**GOAL: To Enable SVFT Members to Grow Professionally**

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

City, State Zip

**SCHOOL:** \_\_\_\_\_

**TITLE OF CONFERENCE:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**EMPLOYEE ID#:** \_\_\_\_\_

**TR#:** \_\_\_\_\_ (Please leave TR# blank)

Collective Bargaining Unit: SVFT

**TEACHING AREA:** \_\_\_\_\_

**DESCRIPTION:** (A copy of conference description that includes dates and costs must be attached to this request.)

**Briefly Explain How This Activity Will Be Applied In Your Work Assignment:** (Attach additional page if necessary)

**CONFERENCE COST \$** \_\_\_\_\_

(Instructor's Signature)

**WILL A SUBSTITUTE TEACHER BE REQUIRED?**     No     Yes – if Yes, # OF DAYS \_\_\_\_\_

**PRINCIPAL'S SIGNATURE OF APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PD Chair's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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 Travel Authorization (TA) form is required only for out-of-state travel.

*After this form has been approved by the principal & building PD Chair, the original request application is sent to the attention of the Barbara St.Onge, PD Consultant in Central Office and reviewed by PD Conference sub-committee for final recommendation.*

**PD COMMITTEE APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SYSTEM APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Assistant Superintendent)

**DFAS APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Division of Finance and Administrative Services)

**AMOUNT APPROVED BY DFAS \$** \_\_\_\_\_

**\*After the Conference, instructor MUST provide the following documentation to DFAS:**

1. Proof of conference registration payment in full receipt (cancelled check, credit card receipt acceptable)
2. Certificate of conference completion or conference CEU award
3. T.A. if out-of-state travel

**Documentation must be submit to:** Lillian Rivera-Hicks, Division of Finance and Administrative Services, State Office Building, Room 309, 165 Capitol Ave., Hartford, CT 06106

## Instructions for Completing CTS-43 Conference Reimbursement Form SVFT Members Only

- Attached is the CTS-43 Conference Reimbursement Application necessary for requesting conference approval and reimbursement. Additional forms are available in your school Business Office, online at (<http://vt6600i>) in the Forms Center, online at (<http://sde-cthsi>) click on Professional Development or the SVFT website under ([www.svft.org](http://www.svft.org)) under Document Center: Forms.
- Any SVFT member in a full-time, part-time, or durational CTHSS position in a day program is qualified to request conference registration reimbursement approval.
- The CTS-43 must be completed with a conference brochure, announcement or other supporting documentation (prior to the conference start date), signed by the building principal, and submitted to the school's PD chair, who will forward the form to Barbara St.Onge, PD Consultant at Central Office.
- Incomplete forms will be returned and will not be brought before the PD Consultant for review and approval. Edited/completed forms must be sent to Central Office before conference begins.
- After review and recommendation for approval by PD Committee designee(s) including SVFT Vice-President, and Barbara St. Onge, PD Consultant, the application will be signed by the Assistant Superintendent for Curriculum & Instruction. The application will be logged and an e-mail verification of receipt will be sent to the applicant. The original application will be sent to Division of Finance and Administrative Services (DFAS) in Hartford.
- CTS-43 applications will be processed by the Division of Finance and Administrative Services (DFAS) within the fiscal year (beginning July 1) on a rolling application basis.
- On return from the conference, applicant must submit directly to DFAS receipts showing costs paid and proof of attendance/certificate of completion. Please submit to: Division of Finance and Administrative Services, State Office Building, Room 309, 165 Capitol Avenue, Hartford, CT 06106 Attn: Lillian Rivera
- Upon receipt of the after-conference documentation, the DFAS will direct the completed forms, attachments, and reimbursement calculations to the Comptroller for payment. Reimbursement may take up to 6-8 weeks.
- Conference reimbursements are mailed directly the member's home.

### \* ADDITIONAL INFORMATION \*

- ❖ **Complete the CTS-43 form to include principal's and PD chair's signatures and forward to Barbara St. Onge, PD Consultant at Central Office in Middletown at least two weeks before conference start date.**
- ❖ **After conference send registration costs receipt and proof of attendance (certification of completion) to DFAS, Attn: Lillian Rivera-Hicks**
- ❖ **Conference reimbursements are processed for registration costs and substitute costs only and may not exceed \$550 per fiscal year.**
- ❖ **Assistance is available from your school building PD Committee Chair, the SVFT Vice-President, and/or Barbara St. Onge, Professional Development Consultant.**