

APPLICATION FOR CONFERENCE REIMBURSEMENT

CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM INSTRUCTORS

Submit form to Julie Gottlieb in Central Office at least 2 weeks prior to registration for conference, seminar, workshop, institute, etc. for approval by the CTHSS PD Committee and the Assistant Superintendent. The form is then sent to DFAS for the final reimbursement decision.

GOAL: To Enable SVFT Members to Grow Professionally

NAME: _____
HOME ADDRESS: _____
City, State Zip

DATE OF APPLICATION: _____

EMPLOYEE ID #: _____
TR #: _____ (Please leave TR # blank)
Collective Bargaining Unit: SVFT

SCHOOL: _____

TEACHING AREA: _____

TITLE OF CONFERENCE: _____

START DATE: _____ END DATE: _____

DESCRIPTION: (Copy of Conference Announcement or Brochure and other supporting documentation indicating 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)

WILL A SUBSTITUTE TEACHER BE REQUIRED? YES _____ NO _____ # OF DAYS _____

CONFERENCE COST \$ _____

(Instructor Signature)

PRINCIPAL APPROVAL: _____ DATE: _____

Registration Fees (not to exceed \$300.00/school year) and Substitute Coverage Costs (not to exceed \$250.00/school year) are the Only Reimbursable Expenses. Verification of attendance and receipts for costs paid are required for all reimbursement requests. Travel Authorization (TA) is required only for Out-of-State travel and must be at no cost to the state. When conference has been approved by PD Committee this original request application is sent to the attention of Lillian Rivera, Dept. of Finance & Administrative Services for reimbursement approval and processing.

CONFERENCE APPROVED BY PD COMMITTEE: _____ DATE _____

SYSTEM APPROVAL: _____ DATE: _____
(Assistant Superintendent)

DFAS APPROVAL: _____ DATE: _____
(Division of Finance and Administrative Services)

AMOUNT APPROVED BY DFAS \$ _____

After Conference, instructor MUST submit the following documentation directly to Lillian Rivera, Division of Finance & Administrative Services (DFAS), State Office Building, Room 309, 165 Capitol Ave., Hartford, CT 06106:

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

Instructions for Completing Form CTS-43 **Application for Conference Reimbursement- CTHSS Instructors**

- Attached is the CTS-43 Conference Reimbursement Application necessary for requesting conference approval and reimbursement for conference registration costs and substitute coverage. Additional forms are available in your school Business Office, online at (<http://sde-cthsi>) click on Professional Development, or the SVFT website (www.svft.org).
- Any full, part-time or durational instructor in a Day Program, or guidance counselor, social worker, school psychologist is qualified to request conference registration reimbursement approval.
- The CTS-43 must be completed, signed by the building Principal, and sent to Julie Gottlieb in Central Office with conference brochure, announcement or other supporting documentation at least **two weeks prior** to the conference start date.
- Incomplete forms will be returned for editing and will not be brought before the Professional Development Committee for review and approval. Edited forms must be sent to Central Office before conference begins.
- After review and approval by PD Consultant & the PD Committee designees, applications will be signed by an Assistant Superintendent. Application will be logged with email verification of receipt sent to applicant. The original application will be sent to Lillian Rivera in the Division of Finance and Administrative Services (DFAS) in Hartford.
- CTS-43 applications will be processed by 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, proof of attendance/certificate of completion. Submit to: Div. of Finance and Administrative Services, State Office Building, Room 309, 165 Capitol Avenue, Hartford, CT 06106 Atten: Lillian Rivera (860/713-6649)
- Upon receipt of the after-conference documentation, the DFAS will direct the completed forms, attachments and reimbursement calculations to the Comptroller for payment within 6-8 weeks.
- Conference reimbursements are mailed directly to your home.

*** IMPORTANT BULLETS ***

- ❖ **Complete CTS-43 and forward to 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, Atten: Lillian Rivera**
- ❖ **Conference reimbursements are processed for registration costs (not to exceed \$300.00/year) and substitute costs (not to exceed \$250.00/year).**
- ❖ **Assistance is available from your school building PD Committee Chair, your Program Consultant and/or the Professional Development Consultant.**