

Snohomish School District #201 Professional Development

Employee: _____ F.T.E. _____

Grade/Subject/Assignment: _____ Location: _____

Home Address: _____ Phone Number: _____

You may be reimbursed up to \$450 per F.T.E. The full amount will be allocated to all employees with 0.5 FTE or greater. Employees with less than 0.5 FTE shall receive half (50%) of the full allocation of funds. FTE shall be determined based upon the actual contract FTE, and not the annualized contract FTE. All of this amount can be spent on supplies, materials, and equipment or professional development. All receipts must be dated between August 1st of the previous year and July 31st of the current school year. All receipts **must be originals** (copies and faxes are not acceptable).

_____ Did you use sub(s)? If so, please give the number of sub days used (include dates). \$200 per day will be deducted from your \$450 allocation.

_____ A single expenditure for a conference, workshop, or class fee of \$150 (amount to be subtracted from the \$450) and over may also be done through use of the district's purchase order process.

**Please write the amount of money to be reimbursed next to
the selected item listed below.**

1. Professional

\$ _____ Cost of tuition to attend a class, workshop or conference. Date and time of day attended:
During school hours? Yes N

\$ _____ Mileage to a workshop or conference: _____ miles
Destination (to/from) and number of trips

\$ _____ Cost for travel accommodations to attend a workshop

\$ _____ Cost involved with any professional growth plan

\$ _____ Cost of required renewal fees, and/or professional licensure fees

\$ _____ Cost involved with any peer coaching arrangement
Cost to implement an in-service activity

\$ _____ Other uses that are reasonably related to providing support and incentive for professional development (does not include classroom supplies and materials).

2. Classroom supplies, materials, equipment (up to the full \$450 allowed amount):

All items purchased with Professional Development funds become the property of the Snohomish School District.

\$ _____ Supplies, materials, district-approved equipment and printers (**must be identified**)
(Edible supplies are **not** eligible for reimbursement)

Attach **original** receipts and written explanation of items purchased, if not identified on receipts, and
Submit to accounting no later than July 31,
Please call Accounting about August classes or workshops.
Keep a copy of this form and all attachments for yourself in case of loss

Certification: *I hereby certify, under penalty of perjury, this is a true and accurate claim for necessary expenses incurred by me and that no payment has been received by me on account thereof. I will reimburse any overpayment to Snohomish School District. *Note- If an employee does not utilize their full allotment of funds per 7.08 A, the District will disperse to the employee an amount equal to the unused funds less required payroll taxes on the August paycheck, provided the amount is not less than \$25.*

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

Snohomish School District #201

Professional Development Verification Procedures

1. The amount of allowable reimbursement shall be determined based upon the actual contract FTE, and not the annualized contract FTE.
2. You must have a Travel Leave Form (yellow) to accompany the Professional Development form only for activities during the regular working hours. You **do not** need a travel leave form for summer, weekend, evening, or correspondence classes. You must indicate the date and time of the activity on your Professional Development Verification Form.
3. You may request reimbursement for a class after you have paid for it.
4. To be eligible for the incentive money, an employee, prior to incurring the expense, must submit, on a form provided by the District, a request to the building principal. The principal will verify encumbrances so as to coordinate proposed activities with other school functions. For costs incurred any time between August 1 and July 31, an employee must have submitted such a verification form no later than July 31.
5. You may claim reimbursement for travel expenses, such as mileage, parking, airfare, hotel costs, etc., incurred for a workshop or class.
6. You will be reimbursed for credits or clock hours for a class. Extra charges for processing credits or clock hours will not be reimbursed.
7. All items purchased with Professional Development funds become the property of the Snohomish School District.
8. All substitutes charged to Professional Development shall be reported and shall be deducted before any other reimbursement is paid.
9. All supplies and tuition payments must have been purchased between August 1st of the previous year and July 31 of the current school year.
10. An **original** receipt that shows method of payment (check, credit card, etc.) and the date of the class **or** the original invoice and a copy of your *anceled* check or credit card statement (for **all** expenses you are claiming). **Copies and faxes of receipts are not acceptable.**
11. **Professional Development forms must be submitted to the accounting department no later than July 31 and must have proper signatures, receipts, travel leaves (if required), and written explanations in order to receive reimbursement.**

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Professional Development Reimbursement Checklist

When requesting reimbursement for Professional Development, the following are required:

Reimbursement for expenses for classes or workshops

- _____ Travel Leave Form for any class/workshop that was attended during school hours (even if substitute was not required) with dates, code, signatures, expense amounts, mileage, and substitutes indicated.
- _____ Written explanation listing the items being reimbursed, including dates of classes and amounts paid.
- _____ An **original** receipt that shows method of payment (check, credit card, etc.) and the date of the class **or** the original invoice and a copy of your *canceled* check or credit card statement (for **all** expenses you are claiming).
- _____ If claiming mileage, write the date, the number of total miles traveled, and the destination. (Example: Snohomish to Seattle, round trip (two trips) = 140 miles)
- _____ Declaration of substitute if one was required.
- _____ Written explanation summarizing the items claimed for reimbursement.

Reimbursement for supplies

- _____ **Original** receipts showing the items have been paid (not an invoice with “balance due”) **or** the original invoice and a copy of your *canceled* check or credit card statement. If you do not receive your canceled checks, then make a copy of your check *before* payment is made and a copy of bank statement showing that check number being processed. **Copies and faxes of receipts are not acceptable.**
- _____ Signature on each receipt and explanation of what was purchased if the receipt does not describe the items.
- _____ Written explanation summarizing the items claimed for reimbursement.

Please sign and date, get your principal/supervisor signature, and send your form to Accounting before July 31. _____

Please also make copies for yourself of all attachments in case of loss.