

Coastal Plains Education Charter High School
PROFESSIONAL LEARNING/OFF CAMPUS DUTY Request Form

***Please check one:** A. _____ PROFESSIONAL LEARNING B. _____ OFF CAMPUS DUTY

A. Professional Learning activities are those activities directly related to instructional improvement. Professional Leave Request forms must be received by the System Professional Learning Coordinator (Buffy Williams) at least 5 days prior to the date of the requested leave. A copy of the approved Professional Leave request will be sent to you electronically once all required information and signatures have been obtained. Once you receive your copy, you may proceed with any registration that is required for the training.

B. Off Campus Duty activities must be approved by your immediate administrator/principal who will verify funding from an appropriate source. OFF CAMPUS duties are those duties which are linked to specific objectives of the designated curriculum and/or an activity that has a direct influence on the employee's job performance (Examples: GAA Work Day, etc.). Off Campus Duty requests must be received by immediate supervisor/principal at least 5 days prior to the date of the requested leave. A copy of the approved Off Campus Duty request will be sent to you electronically once all required information and signatures have been obtained.

Name: _____ **Site:** _____

Date(s) of Requested Leave: _____

Title of Professional Learning/Off Campus Duty Activity: _____
(Please attach professional learning registration information if Professional Learning activity)

Location of Professional Learning/Off Campus Duty: _____

TO BE COMPLETED BY THE EMPLOYEE requesting Professional Learning/Off Campus Leave

Specify all estimated costs and include total:

Travel/Mileage (current rate .545)	\$ _____	
Lodging	\$ _____	
Meals	\$ _____	
Registration	\$ _____	
Other: Please Explain Below	\$ _____	
		Total \$ _____

TO BE COMPLETED BY DESIGNATED PERSONNEL

Site Director Signature: _____ **Date:** _____

Program Director Signature/Funding Source: _____ **Date:** _____

System Professional Learning Coordinator Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

ACCOUNT #

TRAVEL REGULATIONS

GENERAL INFORMATION:

You must submit your expenses on a Coastal Plains Education Charter High School Employee Expense Statement form no later than the 10th of the month following your professional learning and/or off campus duty leave. Your odometer readings must be on the form and ***receipts for registration and lodging must be submitted with the form.*** Please note the name of the professional learning and/or off campus duty activity you attended on the form.

MEALS:

Meals are not reimbursable unless leave activity requires more than 12 or more hours of travel/work time.

State Allowances for Meals

Breakfast= \$6.00 Lunch= \$7.00 Dinner= \$15.00

High cost counties: Chatham, Cobb, Dekalb, Fulton, Glynn, Gwinnett

Breakfast=\$7.00 Lunch=\$9.00 Dinner=\$20.00 **Note: Tips are not reimbursable.**

MILEAGE:

The mileage rate for reimbursement is based on current GA DOE policy. You must keep a record of your beginning and ending odometer readings.

LODGING:

Reimbursement may be made for actual lodging expenses up to \$125.00 per day plus eligible tax unless the designated Program Director specifically authorizes an excess amount, in advance. You must obtain a hotel/motel tax exemption form prior to your overnight stay. Please remember that you should submit the lodging receipt provided to you, which includes all charges incurred.