

Travel

Note:

Attendee pays all expenses, Title I cannot reimburse schools.

Steps for

In-Parish Travel

- 1. Complete Professional Leave Form one month PRIOR to travel. Send to the Title I Resource Center, attention Deborah M. Forshag.**
- 2. Attach the Proposed Travel Expenses Form.**
- 3. If a registration fee is charged, attendee registers and pays registration fee. Must get receipt.**
- 4. After the meeting, complete the travel form. Attach the receipt for registration if applicable.**
- 5. Send to the Title I Resource Center, attention Deborah M. Forshag.**

Professional Leave Form

In-Parish and Out of Parish Travel

This form is to be completed one month prior to you leaving school for a Professional Development Activity or for Educational Observations.

**Tangipahoa Parish School System
Proposed Travel Expenses**

SCHOOL: _____

***This form must be approved prior to TRAVEL.**

NOTE: This form will help the Title I office to determine *if* the inservice meets the requirements of the Title I program. Please attach any additional Training/Conference information you feel will be useful in determining approval.

NAME OF TRAINING/CONFERENCE: _____

DATES OF TRAINING/CONFERENCE: _____

LOCATION OF TRAINING/CONFERENCE: _____

NUMBER OF PARTICIPATENTS ATTENDING: _____

BRIEF DESCRIPTION OF PROPOSED TRAINING/CONFERENCE:

REGISTRATION FEE: _____

Estimated Travel Expenses (**TOTAL PER PERSON**): \$ _____

Expense Breakdown (per person):

a. Air Travel: _____

b. Mileage: (.53) _____

c. Food: _____

d. Hotel: _____

e. Parking: _____

g. Other: _____

_____ School Level Title I Contact Person/Date

_____ Principal Signature/Date

_____ Diocese Signature/Date

APPROVAL/DISAPPROVAL ACTION

_____ The proposed in-service requested is approved.

_____ The proposed in-service is **not approved**.

Deborah M. Forshag
Director of Federal Programs

Date

*Travel to conferences must have board approval for expenses exceeding the approved limit.
*Teachers should NOT make arrangements to attend an off campus training session/conference until written approval (from Tangipahoa Parish Federal Programs Director) is received.
The information will be reviewed and the school will be notified in writing regarding approval.

Professional Leave Request Form (USED FOR TEACHERS NEEDING SUBSTITUTES AND ALSO USED FOR TEACHERS THAT DO NOT NEED SUBSTITUTES)

In-Parish: A Professional Leave Form is used when classroom teachers leave school. This form must be submitted 1 month prior to the scheduled activity. The school secretary will use the Munis number on the Professional Leave form to report payment of the substitute.

Out-of-Parish: A Professional Leave Form and Out-of-Parish Travel Request (blue form) must be submitted 1 month in advance of activity for all out of parish meetings/conferences. A list of expenses to be requested must be attached to the forms. Schools must remember that the attendee pays all expenses. Federal funds cannot reimburse schools for expenses paid for travelers. The school secretary will use the Munis number on the Professional Leave form to report payment of the substitute. If the teacher did not need a substitute, the Professional Leave Form will provide documentation to the school secretary this was a Professional Day for the teacher.

Travel to conferences must have board approval for expenses exceeding the approved limit.

A. Directions for Professional Leave Request Form

Part I

Complete all information.

Part II

Step 1 - Local School

- a. Check one
 - 1) Leave approved by principal.
 - 2) Leave not approved by principal.
- b. Check one
 - 1) Substitute requested and indicate fund.
 - 2) Substitute not requested.
- c. Fill in comments if applicable.
- d. Check if prior approval was granted - no signatures required.
- e. Obtain principal's signature.
- f. Fill in the date.
- g. Fill in the Org., Object, Project Number

Tangipahoa Parish School System

PROFESSIONAL LEAVE REQUEST FORM

For use by Teachers, Counselors, and Assistant Principals. Must be submitted to reach the appropriate Assistant Superintendent/Chief Academic Officer at least two weeks prior to leave date(s) requested and have all information completed.

PART I: REQUIRED INFORMATION

SCHOOL _____

TEACHER _____

GRADE, SUBJECT(S), OR AREA(S) OF RESPONSIBILITY

PROGRAM ASSIGNED (Check One): Regular Special Education Title I Migrant

PURPOSE OF LEAVE _____
(Attach letter(s) of request or other pertinent information)

DATE(S) OF LEAVE _____ TOTAL TIME _____

LOCATION (Place, Street Address, City) _____

PART II: REQUIRED INFORMATION

Step 1 - Local School

Check One:

- Leave Approved by Principal
- Leave Not Approved by Principal

Check One:

- Substitute Requested - To be paid from the following fund
Title 1 _____
- Substitute Not Requested (If checked, state how duties at school will be executed. No classes may be dismissed).

Comments: _____

- PRIOR APPROVAL GRANTED (No Signature Required)

Signed: _____
(Principal)

Date Submitted

Step 2 - Program Directors/Supervisors

Check One:

- Migrant
- Special Education
- Title I
- Title II
- Title IV
- Other _____

Check One:

- Leave Approved
- Leave Not Approved

Check One:

- Substitute Approved - To be paid from the following fund
- Substitute Not Requested
- Substitute Not Approved

Comments: _____

Signed: _____
(Director/Supervisor)

Step 3 - Assistant Superintendent

Check One:

- Leave Approved
- Leave Not Approved (Director/Supervisor)

Check One:

- Substitute Approved for Payment by General Fund
- Substitute Approved for Payment by Title 1
- Substitute Not Requested
- Substitute Not Approved

Signed: _____
Assistant Superintendent / Chief Academic Officer

PROJECT NAME: _____
ORG/OBJ/PROJECT

SUPERINTENDENT'S SIGNATURE IS NEEDED FOR OUT-OF-STATE TRAVEL ONLY!

Signed: _____
(Superintendent)

TRAVEL REIMBURSEMENT INSTRUCTIONS IN PARISH

1. Complete appropriate travel form – **In Parish form = Canary Yellow**
2. Must be **current year travel form and your specific employee-issued travel form**. This information is located on the top, front of this form. Using another employee’s travel form will delay reimbursement. (Please call to request travel forms if you do not have any issued to you.)
3. If mailing address is not the same as physical address, complete physical address box. This is for mileage calculation purposes only.
4. Please start your day at your home, list **ALL** points traveled throughout the day and end the day at your home. Subtract your commuting mileage from your gross mileage to receive net mileage. The commuting mileage column is **always** the same number for each day except for holidays and weekends.
5. If your travel destinations include locations other than TPSS locations, such as home bound visits, provide those addresses also. If traveling between school sites the mileage chart below should be used.
6. Forms must have all appropriate signatures: employee, principal or immediate supervisor, and appropriate second level supervisor or director. Once you and your principal or immediate supervisor sign the travel form, forward it to the appropriate second level supervisor or director for signature.
7. The accounting department will verify mileage and you will be notified of any discrepancies. Travel forms **will be returned** if not completely or correctly filled out, which will delay submittal for reimbursement.
8. For prompt payment, travel reimbursement forms should be submitted one month at a time, **no later than the 5th of the following month** to your immediate supervisor. **All travel forms must be received in the central office by the 10th of the month**, to ensure you will receive your reimbursement in a timely manner. Your payment will be sent to you no later than the 26th of the month, if received timely.

** Contact Lori Singleton at lori.singleton@tangischools.org or (985)748-2464 if you have any travel questions.

** Contact Jo Anne Faust at joanne.faust@tangischools.org or (985)748-2419 for travel forms.

TANGIPAHOA PARISH SCHOOL SYSTEM

ONE-WAY MILEAGE CHART	AMITE	CH. COOPER	CHESBROUGH	C.M. FAGAN	HAMMOND	HMD HIGH/ES	INDEPENDENCE	KENTWOOD	LORANGER	MIDWAY	NATALBANY	NESOM	PONCHATOULA	PHS & VINYARD	ROSELAND	SPRING CREEK	SUMNER
AMITE	-	28	11	14	18	24	7	16	16	12	13	11	25	27	3	15	13
CHAMP COOPER	28	-	39	14	10	4	21	44	16	16	15	17	12	10	31	43	44
CHESBROUGH	11	39	-	25	29	35	18	10	27	23	24	22	36	38	8	7	2
C.M. FAGAN	14	14	25	-	6	12	7	30	8	2	1	3	12	14	17	29	27
HAMMOND	18	10	29	6	-	6	11	34	12	6	5	7	7	9	21	33	31
HAMMOND HI/ES	24	4	35	12	6	-	17	40	12	12	11	13	7	7	27	39	37
INDEPENDENCE	7	21	18	7	11	17	-	23	6	5	6	4	18	20	10	22	20
KENTWOOD	16	44	10	30	34	40	23	-	32	28	29	27	41	43	13	5	7
LORANGER	16	16	27	8	12	12	6	32	-	7	8	6	19	21	19	31	29
MIDWAY	12	16	23	2	6	12	5	28	7	-	1	2	13	15	15	27	25
NATALBANY	13	15	24	1	5	11	6	29	8	1	-	2	12	14	16	28	26
NESOM	11	17	22	3	7	13	4	27	6	2	2	-	14	16	14	26	24
PONCHATOULA	25	12	36	12	7	7	18	41	19	13	12	14	-	2	28	40	38
PHS & VINYARD	27	10	38	14	9	7	20	43	21	15	14	16	2	-	30	42	40
ROSELAND	3	31	8	17	21	27	10	13	19	15	16	14	28	30	-	12	10
SPRING CREEK	15	43	7	29	33	29	22	5	31	27	28	26	40	42	12	-	5
SUMNER	13	44	2	27	31	37	20	7	29	25	26	24	38	40	10	5	-

RETURN THIS FORM TO ACCOUNTS PAYABLE DEPARTMENT.