



# Columbus City Schools/ Columbus Education Association

Certificated Professional Leave  
Guidelines & Schedule  
SY20-21

**Contact information:**

**[ProfessionalLeaves@columbus.k12.oh.us](mailto:ProfessionalLeaves@columbus.k12.oh.us)**



## **Master Agreement (2019-2022)**

702.16 The Professional Leave Committee established by a “Memorandum of Agreement” in 1986 will continue to function as set forth in said memorandum and as agreed to by the parties. Further the Board will provide \$200,000 per school year to fund this professional leave provision

You may download and print these documents as needed from the Human Resources section of the Internet at <http://www.ccsch.us/HRAdministration.aspx>.

## Certificated Professional Leave Guidelines & Schedule

1. Preference will be given to workshops offered in the Columbus area and in the State of Ohio.
2. Submit conference/activity travel requests forms for approval no less than two weeks in advance of the Professional Leave Committee **(please review schedule below)**. For example, activities for October must be approved at the September meeting, etc.
3. *Trips outside the continental United States are not eligible for approval.*
4. The current fiscal year begins July 1, 2020 and ends June 30, 2021.
5. Summer activities are encouraged provided there are funds available from the current fiscal year.
6. Professional leave cannot be used for activities to obtain college credits or certification.
7. Applicants are limited to \$1800 over a two (2) year period. You may use your discretion as to how many activities you request to attend as long as the total is \$1800 or less for the two-year period.
8. Preference will be given to staff who have not utilized the fund within the last two years.
9. Generally, no more than two teachers per building will be approved for a particular activity.
10. Generally, the total number of teachers attending an out-of-state conference will be limited to five or fewer across the district.
11. Expenses will not be approved in conjunction with personal leave use. When a request is denied due to substitute availability, expenses will not be authorized if the individual elects to use personal leave.
12. Membership in a professional organization is not reimbursable from this program unless such membership reduces the cost of the conference registration by an amount equal to or greater than the cost of such membership.
13. **Permission to attend a professional activity which requires neither funding nor a substitute should be approved with your immediate supervisor and will not be considered through the Professional Leave Committee.**
14. *Any changes to the approved requests must be cleared through the Professional Leave Committee and your supervisor.*

<i>If Start Date of Activity Is:</i>	<i>Request Due in HR by 4 p.m. by:</i>	<i>Committee Meeting Date</i>
<b>October 1-31, 2020</b>	<b>August 28, 2020</b>	<b>September 10, 2020</b>
<b>November 1-30, 2020</b>	<b>September 18, 2020</b>	<b>October 1, 2020</b>
<b>December 1-31, 2020</b>	<b>October 23, 2020</b>	<b>November 5, 2020</b>
<b>January 1-31, 2021</b>	<b>November 20, 2020</b>	<b>December 3, 2020</b>
<b>February 1-29, 2021</b>	<b>December 23, 2020</b>	<b>January 7, 2021</b>
<b>March 1-31, 2021</b>	<b>January 22, 2021</b>	<b>February 4, 2021</b>
<b>April 1-30, 2021</b>	<b>February 19, 2021</b>	<b>March 4, 2021</b>
<b>May 1-31, 2021</b>	<b>March 19, 2021</b>	<b>April 1, 2021</b>
<b>June 1-30, 2021</b>	<b>April 23, 2021</b>	<b>May 6, 2021</b>

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# Columbus City Schools Office of the Treasurer

## Employee Travel Reimbursement Guidelines

### Per Diem

- \$45 per diem will be paid to employees for each night spent in a hotel on business. One night = \$45, two nights = \$90, etc. No exceptions.
- Per Diem reimbursement always requires an overnight stay.
- Receipts are not required for reimbursement. Tips are covered by per diem.

### Hotel Stay

- Hotel stay is limited to the length of the conference. For example, three day conference = three nights allowed in a hotel.
- Hotel choice is limited to a conference hotel (unless sold out). For other than conference hotel, maximum rate should not exceed GAO guidelines. <http://www.gsa.gov/portal/category/21287>

### Airport Transportation at Destination

- Transportation to/from the conference airport is limited to the cost of a round trip shuttle. Visit the destination airport website. Look for a link to ground transportation for reservations and/or rates. Employees electing to secure other modes of transport are limited to the shuttle rate for reimbursement.
- Transportation to/from hotel will be reimbursed if a conference shuttle is not provided and the hotel is not within walking distance.
- Transportation to/from meals/entertainment is not reimbursable

### Car Rental at Destination

- Car rental is approved only under exceptional circumstances, such as the need to visit multiple schools. Approval requires a detailed justification/rationale. The daily limit for reimbursement is \$50, which includes all associated costs: rental fee, gas, parking, tolls, etc. Optional insurance will not be reimbursed.

### Driving Personal Vehicle Out of Town

- Maximum reimbursement for all driving expenses (mileage, parking, tolls) is the lower of \$300 or the cost of an airline ticket to the conference destination.
- Google "IRS Mileage Rate" to see effective rate on date of travel.

### Miscellaneous

- Reimbursement limit of one checked bag each way (\$60/round trip currently).
- CMH airport parking reimbursement limit = Blue lot rate (\$9/day currently).
- Failure to attend conference will result in the employee being held responsible for repayment of any non-refundable charges paid by CCS on behalf of the employee.
- Technology, equipment &/or books received at this conference become the property of CCS.

### Exceptions

- Any exception to the above requires appropriate justification, advance notification, and approval in writing.

## **FY 2020/21 Conference Cheat Sheet**

- Employee submits “Professional Leave Request” forms.
- Once request is approved by the Professional Leave Committee, an approval letter will be sent to the employee.
- A purchase order will be processed for the employee and sent to the employee once received in Human Resources

### **After receiving his/her purchase order the employee MUST:**

- Complete the conference/activity registration. Provide the purchase order number if asked and submit the registration form to the vendor.
- Billing address is: **Accounts Payable – 270 E. State Street, Columbus, OH 43215**
- If pre-payment of a conference registration is required, attach the registration form to a copy of the purchase order and send to Accounts Payable. This cannot be paid without a copy of the purchase order **and** the registration form
- Confirm BOTH hotel and conference availability before making air reservations. **The employee is responsible for any costs associated with canceling or changing air reservation.**
- Employee may contact travel agent (Uniglobe @ 614-237-4488) for air estimates and to book the air reservation and/or hotel reservation. Hotel reservations made through the travel agent require an employee payment (non-reimbursable) of a \$35 convenience fee. Employees are required to stay in the conference hotel unless full.

### **After returning from the conference/activity the employee MUST submit the following items to Accounts Payable within 30 days of your return:**

- Claim form
- Hotel folio
- Air itinerary
- Conference registration receipt
- Paid shuttle receipt
- Paid CMH parking receipt
- Paid airline baggage receipts
- Certification of conference attendance verifying the event, place, dates and for the purpose given.
- Certification that their per diem claim reflects a deduction for any meals provided by the conference.



**COLUMBUS CITY SCHOOLS/COLUMBUS EDUCATION ASSOCIATION 2020-21  
PROFESSIONAL LEAVE REQUEST**

Approval # - MW <input style="width: 90%;" type="text"/>	Emp. Vendor # <input style="width: 90%;" type="text"/>
<b>This section is to be completed by Human Resources Administration Office</b>	

**EMPLOYEE INFORMATION:**

Name

ID #  Contact Phone#  Route #

Work Location  Position

If you received Professional Leave for the 2019/20 Fiscal Year - amount received

**CONFERENCE/ACTIVITY INFORMATION**

Activity Name

Location (City/State)  Dates:

Select the appropriate letter from the list below and place in the box to the left.

A. Attend general professional activity  
 B. Represent school district as an officer, committee member, North Central Evaluator, etc.  
 C. Presenter  
 D. Accompany students

**ABSENCE/SUBSTITUTE INFO:**

Dates Absent from Work

Sub Needed? Yes  Sub Location

No  (Please attach separate schedule if sub reports to various locations)

Specific Sub: Sub Name -  Sub ID# (must be provided)

**\*\*\*If SUBSTITUTE cost being reimbursed from an outside organization other than the CEA Professional Leave, please attach letter.**

***TRAVEL EXPENSES - (You must attach a descriptive brochure which includes costs, dates, lodging information and registration costs for your request to be considered for approval)***

Registration Fee	Cost of Registration	<input style="width: 90%;" type="text"/>
Lodging - #nights <input style="width: 10%;" type="text"/>	<i>See Employee Travel Reimbursement Guidelines re: hotel stay</i>	
Airfare:	<i>See Employee Travel Reimbursement Guidelines re: Airport Transportation at Destination</i>	
Rental Car #days <input style="width: 15%;" type="text"/>	times \$ amount per day	<input style="width: 10%;" type="text"/>
Rental car rational <i>(max of \$50/day)</i>	<input style="width: 90%;" type="text"/>	
Personal automobile mileage (# miles round trip) <input style="width: 15%;" type="text"/>	times approved rate	<input style="width: 10%;" type="text"/>
<i>See Employee Travel Reimbursement Guidelines re: use of Personal Vehicle</i>		
Misc. Travel Expenses (taxis, shuttles, parking, etc.)	<input style="width: 90%;" type="text"/>	
<i>Note: The District does not pay for to and from restaurants or for entertainment.</i>		

Per Diem Expenses <i>(meals/food)</i>	#days <input style="width: 10%;" type="text"/>	at \$45 per day limit	<input style="width: 90%;" type="text"/>
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**Total Estimated Expenses *(limited to \$1800. will not total to more than \$1800)***

**SIGNATURES**

Teacher's Signature  Date:

***I hereby request permission to attend the following conference/activity in accordance with Board policies and Administrative regulations and disclaimer.***

Supervisor's Signature Date:

Please submit form to: Human Resources Administration along with the required documents.

**COLUMBUS CITY SCHOOLS**

**(This form must be completed for your request to be considered)**

**Description of Activity:**

**Description of Educational Merit of Activity:**

## COLUMBUS CITY SCHOOLS 2020-21 PROFESSIONAL LEAVE CLAIM FOR TRAVEL EXPENSE REIMBURSEMENT

**Within 30 days of your return, please return this form along with your receipts, copy of p.o. and signature to:  
Accounts Payable, 270 E. State Street, Columbus, OH 43215**

### Employee & Conference Information

Your P.O.#		Employee Vendor #	Approval#
Name			Your ID#
Worksite (indicate building)			
Full Conference Name			
Conference Location (City/State)			
Actual Travel Dates			<--(Must correspond with dates
Dates Absent from Work			<--approved by Committee)

<b>Expenses Paid in Advance By Columbus City Schools</b>	<b>List Costs Below</b>
Airfare (Air itinerary must be attached)	
Lodging Expenses (list dates of stay) Roommate name (if applicable)	
Registration (Proof of Attendance must reflect dates/location & purposes as stated on request form)	
Misc paid or reimbursed in advance (please list)	
<b>Total expenses paid in advance by Columbus City Schools [2]</b>	

<b>Expenses Paid by Employee: Itemized receipts required except for meals</b>	<b>List Costs Below</b>
Airfare/Baggage (attached paid baggage receipt - limit one bag each way)	
Lodging Expenses (list dates of stay) Roommate name (if applicable)	
Registration (attach receipt showing method of payment)	
Personal automobile mileage (# of miles round trip x IRS current rate)	
Rental Car (if pre-approved) Maximum \$50/day - insurance not reimbursed	
Per diem (meals, etc.) -- # of nights at \$45.00 per night*	
<i>*See Employee Travel Reimbursement Guidelines regarding meals provided as part of the conference</i>	
Incidentals: (airport shuttle/taxi, conference shuttle/taxi, airport parking)	
<b>Note: Itemized receipts required. Taxi receipts must be dated and show pickup &amp; destination</b>	
<b>Total expenses paid out of pocket by employee [4]</b>	

<b>Settlement</b>	<b>List Costs Below</b>
a. Maximum Reimbursement Approved by Committee - attach documentation	
b. Less Costs Paid in Advance by Columbus City Schools -- see [2] above)	
c. Maximum Reimbursement of Employee (Item A minus Item B)	
d. Total Expenses Paid by CCS Employee -- see [4] above)	
<b>Amount Owed to Employee, if applicable: (lesser of item c. or d. above)</b>	

<b>Employee's Signature</b>		<b>Date</b>	
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**By signing, I certify I attended the event listed above at the location shown, on the date given, and for the purposes stated. Out of pocket expenses are accurate and my claim for per diem was adjusted for meals provided by the conference**