

Approved

Denied

## REQUEST TO ATTEND SYNCHRONOUS MEETINGS AND CONFERENCES



Division of Instruction and School Administration

10910 Clarksville Pike

Ellicott City, MD 21042

2022-2023

### Application Guidelines

*Article 13 funds and sub days are only available for synchronous meetings within the continental U.S.*

1. The completed application must be submitted to the employee's principal/supervisor for review and approval.
2. The signed form must be scanned and emailed to the Article 13 Committee at [Article13@hcpss.org](mailto:Article13@hcpss.org) by the applicant at least 20 working days prior to the synchronous professional meeting. Exceptions will only be made for meetings that occur within 20 days after school-based staff return in August.
3. Application deadlines will be the 15<sup>th</sup> and 30<sup>th</sup> of each month, or, the following weekday if those dates fall on a weekend.
4. An application will not be considered if three(3) teachers at a worksite are already scheduled for attendance at any professional meetings/conferences on the day(s) requested. This provision eliminates multiple absences at a single site and ensures that, if possible, learning is shared instead of sending more than three employees to one conference.
5. Requests for days/funds are considered biannually. Explanation: You can receive both days/funds in one request in one year, or, you can divide the request and submit days and funds separately in one year. If you received days last year, you can request funds this year. If you received funds last year, you can request days this year.
6. If illness occurs from travel, neither HCPSS nor HCEA will be responsible.
7. If you cancel your approval, you must let Article 13 know so the funds can be redistributed. If you neglect to inform the committee, the record will continue to indicate your Article 13 usage and may make you ineligible for approval next school year.
8. The Article 13 Committee will review the application and forward its recommendation to the appropriate Director of Schools for a final decision.
9. The Director of Schools will return the application to the applicant by pony or email.
10. Your reimbursement will not exceed your approved amount.

### Synchronous Meeting Information

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date(s) of Meeting: \_\_\_\_\_ Worksite: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Number of sub days being requested: \_\_\_\_\_ Location of Meeting: \_\_\_\_\_

Organization sponsoring meeting: \_\_\_\_\_

Consult <https://www.gsa.gov/perdiem> to determine travel/mileage/meal rates.

o Registration: \$ \_\_\_\_\_

o Travel: \$ \_\_\_\_\_

o Hotel: \$ \_\_\_\_\_ per night x \_\_\_\_\_ nights = \$ \_\_\_\_\_

o Food (*first and last day of travel*): \$ \_\_\_\_\_ per day x 2 = \$ \_\_\_\_\_

o Food: \$ \_\_\_\_\_ per day x \_\_\_\_\_ full day(s) = \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

## Anticipated Meeting Outcomes

1.State the purpose of this synchronous meeting: \_\_\_\_\_

\_\_\_\_\_

2. Describe how you foresee sharing your learning from this synchronous meeting to improve instruction: \_\_\_\_\_

\_\_\_\_\_

3. List any other source(s) of financial assistance, including amounts, or sub days which you are receiving for this meeting: \_\_\_\_\_

\_\_\_\_\_

4 List any funding and/or sub days for which you received Article 13 compensation for meetings last school year. \_\_\_\_\_

\_\_\_\_\_

## Acknowledgement

By submitting this application, I understand and agree to the following:

1. My application is accurate and complete. Failure to complete honestly and accurately may result in the loss of current or future funds.
2. My completion and submission of an application does not automatically grant approval, in full or part, of my request.
3. I understand that my request may be denied based upon the needs of the school on the requested days.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Disposition

*My/Our signature signifies that I/we have reviewed this application and believe the information to be accurate, complete, and for the purpose described.*

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Article 13 Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Schools

\_\_\_\_\_  
Date

**NOTE: If the application is denied at any point, an explanation must be provided below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_