

REQUEST TO ATTEND MEETINGS AND CONFERENCES

Division of Schools
10910 Clarksville Pike
Ellicott City, MD 21042

Approved

Denied



2025-2026 (Conferences from July 1, 2025-June 30, 2026)

Application Process

1. Applications will only be considered for travel within the continental United States.
2. The completed application must be submitted to an employee's principal/supervisor for review and approval.
3. The signed form must be scanned and emailed to the Article 13 Committee at Article13@hcpss.org by the applicant at least 20 working days prior to the professional meeting. Exceptions will only be made for meetings that fall at the beginning of the school year.
4. Application deadlines will be the 15th and 30th of each month, or the following weekday if those dates fall on a weekend.
5. An application will not be considered if three (3) employees in a building are already scheduled for attendance at 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.
6. 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.
7. If illness occurs from travel, neither HCPSS nor HCEA will be responsible. **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. The Director of Schools will return the signed application to the applicant by pony or email.
9. Your reimbursement will not exceed your approved amount in total or by expense line item.

Meeting Information

Name: _____ Position: _____

Please Circle One: ESP or Certificated

Date(s) of Meeting: _____ Worksite: _____ Supervisor: _____

Number of sub days being requested: _____ Location of Meeting: _____

Name of organization sponsoring meeting: _____

Anticipated Meeting Outcomes

1. State the purpose of this meeting: *(If this PD has credits or CEU's associated with it, you must include that in your response about the purpose below.)*

2. Describe how you foresee sharing this meeting improving instruction:

3. List any other source(s) of financial assistance, including amounts, or 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:

Expense Calculations

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

- Registration: \$ _____
 - Travel: \$ _____
 - Hotel: \$ _____ per night x _____ nights = \$ _____
 - Food (*first and last day of travel*): \$ _____ per day x 2 = \$ _____
 - Food: \$ _____ per day x _____ full days = \$ _____
- Total:** \$ _____

Please refer to the [Workday Article 13 Reimbursement QRC](#) prior to your conference for information regarding acceptable forms of documentation for expense reimbursements.

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.
4. I understand that if I cancel my plans to use this funding, that I must inform the Article 13 Committee at Article13@hcpss.org so that the funds can be redistributed.

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:

Forms submitted with cross outs or alterations to amounts will not be accepted for review. HCEA approvals that include changes to amounts on this page must be initialed by HCEA leadership at the time of approval.