



Memorandum

From the Office of Curriculum and Instruction, Stafford Public Schools

To: District Faculty and Staff

From: Steven M. Autieri, Director of Curriculum and Instruction

CC: Steven Moccio, Jolene Piscetello, Marco Pelliccia, Tim Kinel, Susan Mike, Jonathan Campbell, Steve Montgomery, Caroline Hargraves, Anna Gagnon, Peggy Falcetta

Date: December 15, 2018

Re: Professional Development Request Process

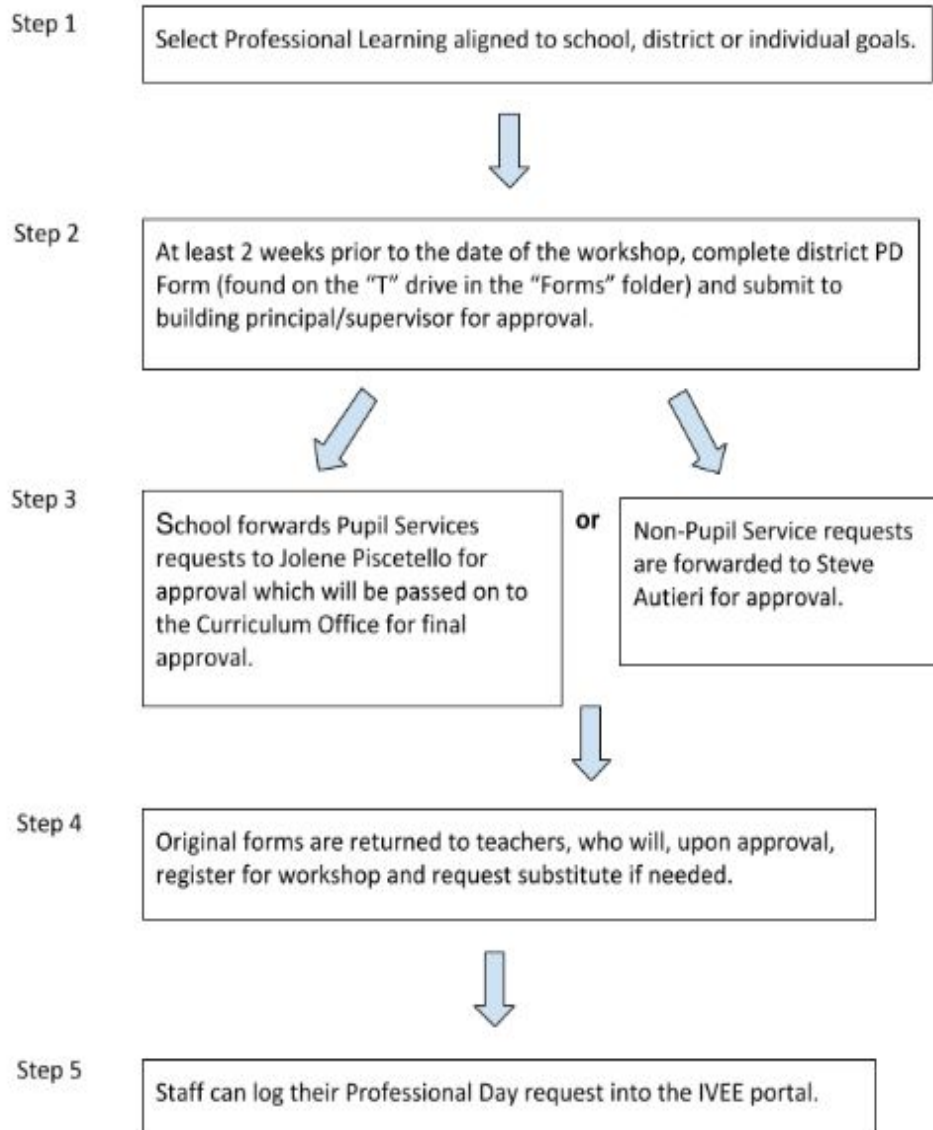
To establish clear procedures and processes for requests to attend professional development workshops and seminars, the Office of Curriculum & Instruction is establishing consolidated guidelines for quick and easy reference to be kept accessible throughout the year. This will reduce the number of leave requests that have to be returned for additional information. The district professional development request form has been updated to eliminate duplication of some of the requested fields. Please ensure you are using the revised form available in the T-drive.

Professional leave requests must be submitted at least **2 weeks prior to the scheduled workshop** for approval. Prior to attendance being granted for any professional learning, your building principal/supervisor, the Director of Pupil Services and/or the Director of Curriculum must grant approval. ***You are not permitted to register for any workshop until all signatures have been received.*** Failure to adhere to this policy will result in the request being denied. Please plan in advance to allow sufficient time to get all required approval signatures and receive the form back **before** the leave date(s). Unless there are verified extenuating circumstances, no leave requests will be approved if received less than two weeks prior to the date of the workshop. A flow chart has been included to help summarize the order of steps to ensure timely approval and return of all professional development requests.

Effective January 2, 2019, all **approved** professional development days must be entered into IVEE in order to assist building principals and administrative assistants in tracking staff that will be out of the building each day. The form sent by Lori Dobson at the start of the year has been included with this memo to help walk you through the process if you have questions.

Please feel free to contact the Office of Curriculum & Instruction should you have any questions or suggestions for the modifications to the process.

Stafford Public Schools Professional Learning Request and Documentation Process



Stafford Public Schools

IVEE Employee Web Portal – Instructions for Requesting Professional Days

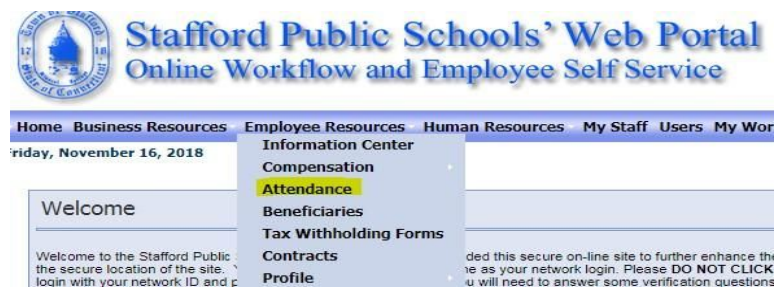
The Stafford Public Schools Web Portal can be accessed from any device through the link available on the district website (www.stafford.k12.ct.us), under “Notifications”>“Faculty and Staff”>“Links”>“IVEE Stafford Employee Web Portal”. Requesting

Professional Days for workshops/seminars:

- Login using the same user name and password that you use when you first access the district computer system each day
- Click on the “Employee Resource” tab in the blue bar



- Click on “Attendance” tab in the blue bar next



- Click on “Request Time Off”

Actions ▾ Plan Summary

	Leave Plan	Beg.	Earned	Used	Adj.	Avail.	Pending Ap
🔍	Professional	0.0000	0.0000	0.0000	0.0000	0.0000	
🔍	Sick Leave - Non-Certified 12 Month	150.0000	15.0000	0.7500	-2.0000	162.2500	
🔍	Personal Leave - Non-Certified 12 Month	0.0000	5.0000	1.5000	0.0000	3.5000	
🔍	Vacation - Non-Certified	0.0000	20.0000	4.0000	0.0000	16.0000	
🔍	Vacation Carry-over 2 month	10.0000	0.0000	10.0000	0.0000	0.0000	
🔍	Other	0.0000	0.0000	0.0000	0.0000	0.0000	

[Request Time Off](#)

- Click on the day you wish to take next

Actions ▾ Request Time Off

Select Dates | Select Type | Partial Day Requests | Additio

November 2018						
S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Next | Cancel

- Click on professional

Actions ▾ Request Time Off

Select Dates | Select Type | Partial Day Requests | Additional Information

Description	Available	Pending Approval	Future Scheduled	Projected Available
Professional	0	0	0	0
Personal Leave - Non-Certified 12 Month	3.5	0	0	3.5
Vacation - Non-Certified	16	0	0	16
Vacation Carry-over 2 month	0	0	0	0
Other	0	0	0	0

Back | Next | Cancel

- If you are taking a partial day (Admin. & Certified Staff can only request a ½ day or a whole day) (Non-Certified and Non-Affiliated Staff can request in ¼ day increments). Make sure to put .50 for a half day in the box and adjust the from and to days to reflect the time requested.

Actions ▾ Request Time Off

Select Dates | Select Type | Partial Day Requests | Additional Information

11/21/18 Days From: 8:00 AM To: 4:00 PM

Please note that hour selection is for informational purposes only and will not affect the actual leave units requested.

Back | Next | Cancel

- Complete reason then submit request

**STAFFORD PUBLIC SCHOOLS
REQUEST FOR PROFESSIONAL DAY OR CONFERENCES**

NAME: _____ SCHOOL: _____

Please check one:

DATE OF REQUEST: _____

Self-selected (one per year) **OR** District request by _____ (administrator)

Permission is requested to attend _____

organization, event, convention, meeting

to be held in _____ on _____

(City and State)

Date(s)

ANTICIPATED PARTICIPANT OUTCOMES (IN REGARD TO GOAL):

FOLLOW UP INFORMATION SHARING: Knowledge and resources from the workshop will be shared during:

Faculty Meeting PLC Department Meeting Curriculum Meeting

Funding Source: **Please check one** District Funds Building Funds Grant (specify) _____

Estimated expenses for which I will request reimbursement are: (mileage reimbursed only for District Requests)

Travel \$ _____ Registration \$ _____ Total \$ _____

I (will) (will not) need a substitute for the above days. Full day A.M. or P.M.
(Please check one) (Please check one)

Approved by: _____
Director of Special Services (if applicable)

Approved by: _____
Principal or Supervisor

Final Approval: _____

Mileage Reimbursement Approval _____
Steve Autieri

Director of Curriculum and Instruction

MILEAGE REIMBURSEMENT

After attending workshop, **if mileage reimbursement has been approved**, please complete the following and submit to:

Dir. Cur./Instr. SHS SMS SES WSS SVS Pupil Services

Date: _____

Actual Mileage: Travel: Number of miles _____ x \$.545 per mile Total Mileage Reimbursement \$ _____

Starting home or school address: _____

Address of workshop/conference: _____

Ending home or school address: _____

Note: Director of Curriculum and Instruction **must** receive this form along with the completed registration form and purchase order (if applicable) **at least 2 weeks prior to date requested** to be considered for approval.

Rev. 12/13/2018