ANGLOPHONE WEST SCHOOL DISTRICT



POLICY NO. ASD-W-113-1A

OUT OF PROVINCE TRAVEL

Appendix A – INDIVIDUAL / GROUP OUT-OF-PROVINCE TRAVEL REQUEST FOR STAFF Effective February 4, 2016

Submission Date:

1. Individual travel request <u>must have final approval at least 20 teaching days prior</u>. A *Request for Absence* form for those from Woodstock and Oromocto Education Centre regions should accompany this request. Once approval has been granted for those from Fredericton Education Centre region, the absence should be entered in AESOP.

2. Out-of-Province travel for:

- a) School-based staff requires approval from the Principal, Director and the Superintendent;
- b) Education Centre staff requires approval from the appropriate Director and the Superintendent;
- c) Leads / Mentors require approval from the Subject Coordinator, Director and the Superintendent.
- 3. School sponsored student travel outside Atlantic Canada, Quebec, Ontario or Northeastern United States will not be approved.
- 4. Group travel requests must be made at least 40 teaching days prior to an out-of-province trip.

Name					Position					
	□ School (please specify)									
Work	□ School]	Department (please specify)								
Location	Educati	ion Centre (please specify)								
	🗆 Superin									
Travel						Travel Dates (Inclusive)				
Destination	1					Number of Teaching Days				
	🗆 Partic	articipant 🛛 🗆 Award Recipier			oient					
Purpose of		nter	□ Student Trip			Benefit				
Trip Other		formation:				of Trave	el			
Funding Information										
Estimate of costs must be completed for all requests. Please ensure that the source of funds covers the entire estimate of costs.										
Estimate of Costs						Source of Funds / Amount Received				
Registratio	on / Fees		\$			🗆 Depa	artment of	Educatio	on	\$
Travel / M	ileage / Airfa	are	\$			District (specify contact)			\$	
Meals/Accommodations			\$			D NBTA Grant				\$
Supply Teacher Time (\$232/day)			\$			Local Branch Grant			\$	
Other (plea	use specify)		\$			□ Teachers Working Conditions Fund			\$	
Total			\$			Other (please specify)				
I will be sharing expenses with another participant: Na						me of Other Participant				
🗆 Yes 🛛 No					Shar	red Expenses / Amounts				
Employee's Signature							Date			
	ripal /	Approve	ved 🗆 Not A		Appro	ved				
Subject Coordinator							Date			
Signature										
Director of Schools OR		□ Approve	□ Approved □ Not Approv			ved				
Director of C&I / ESS				-ppi o	Date					
Signature										
Superintendent 🛛		□ Approve	Approved		□ Not Approv					
Signature							Date			

Note: Notification will be forwarded by Director of Curriculum and Instruction's Office to Applicant, Principal, Director of Schools and Budget & Accounting Dept. once all signatures are collected.