

**Southwestern Union Conference
K-12 Teachers Professional Growth Policy**

Elementary Teachers

1. Each full-time conference elementary teacher/principal is eligible to attend a local, regional, or national convention, seminar, or workshop every four years.
2. The Southwestern Union Conference will reimburse the employing conference 50 percent of the total expense (registration fee, travel, hotel, per diem, and substitute teacher when necessary) up to a maximum expense of \$400.00. Reimbursement will not exceed \$200.00 per eligible participant. Requests for reimbursement shall be submitted on a form available from the Southwestern Union Office of Education.
3. The remaining 50 percent of the expenses may be paid by the employing conference or may be shared by the conference, the local school board, and the individual.
4. It is the responsibility of the Southwestern Union Office of Education to maintain records for each teacher regarding attendance, eligibility, and reimbursement.

Secondary Teachers

1. The Southwestern Union Conference will endeavor to send each full-time secondary employee to a regional or national convention every four years. This policy includes full-time teachers of secondary subjects in junior academies.
2. The Southwestern Union Conference will reimburse the employing academy (or conference in the case of junior academy teachers) 50 percent of the total expenses (registration fee, travel, hotel, per diem, and substitute teacher when necessary) up to a maximum reimbursement of \$400.00 of union money per participant. Requests for reimbursement shall be submitted on a form available from the Southwestern Union Office of Education.
3. It is the responsibility of the Southwestern Union Office of Education to maintain records for each teacher regarding attendance, eligibility, and reimbursement.

**Southwestern Union Conference
Professional Growth Reimbursement Form**

Secondary Employees

Teacher Name _____

Address _____

Phone Number (____) _____ Social Security Number _____

Date of Planned Activity _____

Brief Description of Planned Activity _____

THIS FORM MUST HAVE PRIOR APPROVAL BY YOUR PRINCIPAL OR SUPERINTENDENT.

Approval _____

(Principal or Superintendent)

After completing the professional activity:

Describe and evaluate the activity after completion (100 words maximum). Use the back of this form or attach a separate sheet.

Expense Listing (Please attach copies of receipts.)

- | | |
|--------------------------|-------|
| 1. Registration Fee | _____ |
| 2. Plane Fare or Mileage | _____ |
| 3. Lodging | _____ |
| 4. Per Diem | _____ |
| 5. Substitute Teacher | _____ |

TOTAL EXPENSE _____

I faithfully participated in the above listed professional activity. I understand that I am not eligible for assistance for any additional activity for four years from the above date.

Signed _____

RETURN THIS FORM TO YOUR PRINCIPAL WHEN COMPLETED.

Local Reimbursement (if any): Approval _____ Amount _____

For Office Use Only
Southwestern Union Office of Education Reimbursement
50% of Approved Expenses – Maximum Reimbursement \$400.00

Approved _____ Date _____ Amount _____