



Request for Approval of Professional Learning

Jackson-Madison County Board of Education

CENTRAL OFFICE EMPLOYEE

REQUEST FOR PROFESSIONAL LEARNING SUBMISSION PROCEDURES/PROTOCOL

- **PROFESSIONAL LEARNING COST & EXPENSE ANALYSIS/BREAKDOWN** (*Page 1*) and **SUPERINTENDENT APPROVAL** (*Page 2*) are to be completed and submitted together via email to the Chief Compliance and Learning Officer, Dr. Breeden (kabreeden@jmcss.org) and cc: Dr. Watkins, Associate Superintendent (dwatkins@jmcss.org). Superintendent Approval/Professional Learning Cost & Expense Analysis Breakdown documents must be accompanied by all supporting documentation as related to any cost to be incurred (see possible documentation below). **A separate form and documentation must be submitted for each person requesting approval.**
 - Event Agenda with Registration Fee Information
 - Lodging Proof of Cost
 - Mileage/MapQuest
 - GSA per diem information (<https://www.gsa.gov/travel/plan-book/per-diem-rates>)
 - Other Travel Cost Info if/when applicable such as, but not limited to Airfare, Luggage, Car Rental, Parking, Other Transportation (Uber, Lyft, Shuttle, etc.),
- Notification of initial **APPROVAL** will be shared with requestor, supervisor(s), and fiscal personnel of the funding department. At that time, district department processing may proceed. Requestor will be notified with information regarding next steps in completing registration(s), accommodations, etc.
- **AFTER** attendance at event, redelivery and implementation of professional learning, participant is to complete and submit **AGREEMENT TO IMPLEMENT TRAINING/REDELIVERY OF LEARNING** (*Page 3*) and **REFLECTION AND RETURN ON INVESTMENT** (*Page 4*) to Chief Compliance and Learning Officer, Dr. Breeden (kabreeden@jmcss.org).

JMCSS Goals:

1. Students will see measurable goals in literacy, numeracy, and college/career readiness through options and opportunities
2. Improve school climate, culture, safety, and organizational efficiency
3. Improving community engagement and parental experience

JMCSS Belief Statements:

1. Build strong, successful programs in three broad areas - academics, athletics, and the arts.
2. Empower schools, administrators, teachers, and staff with high-quality instructional and curriculum material that are aligned to improving student achievement.
3. Leverage opportunities for diversity to support conditions that value all individuals and programs.
4. Invest in employees by providing financial and professional support.
5. Educate all students in a safe, nurturing school environment that promote healthy choices and opportunities for optimal learning.
6. Value all employees, students, and families by distributing resources equitably for the purpose of improving outcomes.
7. Engage the broader community in an effort to support the whole child and advance the progress of the school system.



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PROFESSIONAL LEARNING COST & EXPENSE ANALYSIS/BREAKDOWN

Date of Initial Request: _____ Date(s) of Requested Leave: _____

Requestor Name: _____ Position/Role: _____

Department Name: _____

Professional Learning Title/Location: _____

Estimated Expenses

Lodging - Number of Nights _____ Cost Per Night \$ _____ Total Lodging: \$ _____

Mileage – Total Number of Miles _____ Mileage Rate (0.67) Total Mileage: \$ _____

*Meals/Incidentals Cost \$ _____ * Note: First/last day of travel: 75% of per diem
<https://www.gsa.gov/travel/plan-book/per-diem-rates>

Registration Fee (if applicable) \$ _____

Other Expenses (car rental, luggage, airfare, parking, etc – include analysis and breakdown of costs) :

Total Trip Cost \$ _____

Employee _____ Date _____

Supervisor _____ Date _____

Business/Finance _____ Date _____

Chief Compliance and Learning Officer _____ Date _____



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SUPERINTENDENT APPROVAL

Date of Initial Request : _____

Date(s) of Requested Leave: _____

Requestor Name: _____

Position/Role: _____

Department Name: _____

Professional Learning Title/Location: _____

Total Expected Cost of Trip: \$ _____

Funding Source Info: GL _____

Object _____

Org _____

District/School Alignment

JMCSS Goal(s): _____

JMCSS Belief Statement(s): _____

JMCSS Strategic Plan(s) [Include Domain, Activity if applicable]: _____

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| <p>PLAN: State the professional learning goal or objective. Include an aspect of student growth. Give a brief description of presenter(s), materials, etc. How does this professional learning event align with your role/position?</p> | <p>DO: How will the learned information be shared? What processes or strategies will be used to accomplish the goal? How will the strategies be measured? (action steps)</p> |
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Direct Supervisor _____

Date _____

Department Supervisor _____

Date _____

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|--|----------------------|------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Superintendent _____ | Date _____ |
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AGREEMENT TO IMPLEMENT TRAINING/REDELIVERY OF LEARNING

This document is to be completed and submitted to Chief Compliance and Learning Officer, Dr. Breeden (kabreeden@jmcoss.org) **AFTER** the redelivery of training. Agenda and sign in sheet of participants should be included with the submission.

Whereas the school system is providing an opportunity for training by paying registration, travel, lodging, and meals. The school system requires that you implement with fidelity the program for which you receive training and that you provide training and/or assistance to other teachers as directed by the school principal.

Your signature indicates that you agree to attend training/conference paid for by the system with the understanding that you will implement the program with total fidelity and provide training and assistance to other teachers as required by the school system. Implementation with fidelity is a district expectation that will be reflected in your annual evaluation. The failure to sign negates the school system's responsibility to pay for any expenses including travel. This agreement will remain in effect as long as the program is in place.

Employee: _____ Department: _____

Name/Title Professional Learning Event Attended: _____

Date(s) Attended: _____

Format of Redelivery of Professional Learning (PLC, Dept. Meeting, etc.): _____

Audience of Redelivery of Professional Learning: _____

Date(s)/Time(s) of Redelivery: _____

Employee _____ Date _____

Supervisor _____ Date _____

Chief Compliance and Learning Officer _____ Date _____



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REFLECTION AND RETURN ON INVESTMENT

Complete sections REFLECT and ACT after the completion/implementation of the approved professional learning. Upon completion, submit to Chief Compliance and Learning Officer, Dr. Breeden (kabreeden@jmcoss.org).

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| <p>REFLECT: <i>What data was used to support the effectiveness/ineffectiveness of the professional learning? Analyze and explain the results/outcomes.</i></p> | <p>ACT: <i>Have positive results been attained? How do you plan to sustain these results? What adjustments should be made for future growth? If no positive results, please explain why.</i></p> |
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Employee: _____ Department: _____

Name/Title Professional Learning Event Attended: _____

Date(s) Attended: _____

Supervisor _____ Date _____

Chief Compliance and Learning Officer _____ Date _____