

**ADMINISTRATOR
CONFERENCE/WORKSHOP/COURSE/TECHNOLOGY FUNDING
South Burlington School District**

Name: _____

Date of Request: _____

School: _____

Check Appropriate Fund:

___ Admin SBAA Master Agreement (\$4,200.00)

___ Grant Funds

___ District Funds as approved by Superintendent

Amount Approved: \$ _____

Article XI: Professional Development

10.1 Consistent with the rights negotiated under this Agreement and **with prior approval from the Superintendent**, the District agrees to provide up to \$4,200 per employee for one of the following:

- a. College tuition for approved coursework, or,
- b. Registration fees associated with: courses, workshops, seminars, conferences, in-service training session, or other training consistent with the employee's job duties and responsibilities and is aligned with district goals and priorities, or;
- c. The purchase of technology (hardware or software) in direct support of the employee's work provided that said hardware/software expenditures do not exceed \$4,000 in any four-year period. Purchase orders/requests must be submitted consistent with current District practices.
- d. Exceptions may be made by the Superintendent.
- e. Allowing up to \$1,500 of the \$4,200 to be used by the Administrator for purposes related to physical or mental health.

10.3 Employees, covered by this Agreement, shall be reimbursed 100% of the tuition cost for a three-credit college course at an amount not to exceed the current winter rate assessed for a three-credit college course at UVM provided that:

- a. A written request to take a course and for tuition reimbursement has been submitted and it has been approved by the Superintendent prior to the beginning of the semester, and
- b. The employee successfully completed the course with a grade of "B" or better and an official transcript has been submitted to the Superintendent, and
- c. Documentation has been provided that indicated an actual payment to the college or university has been made, and
- d. Only one request for a course, per semester, has been made and approved.

a. College Course:

College/University _____

Course Title _____

Date of Course: _____ Tuition Fee: _____

(Continued on Other Side)
ADMINISTRATOR CONFERENCE/WORKSHOP FUNDING (Continued)

b. Conference/Workshop

Vendor Name: _____

Conference/Workshop Title: _____

Date of Workshop/Conference: _____ Registration Fee: _____

Estimated Travel Expenses (travel, parking, meals, accommodations) _____

c. Technology Purchase (Not to exceed \$4,000 in any four-year period)

Description of technology to be purchased

Cost: _____

d. Physical or Mental Health Reimbursement (Up to \$1500.)

Description of physical or mental health purchase

Cost: _____

For reimbursement, please fill out an Itemized Expense Reimbursement form and send to the Superintendent's Office.

Signatures:

Administrator's Signature

Date

**District
Approval:**

Superintendent's Signature

Date