

Professional Learning Handbook



**Towns County School District
67 Lakeview Circle, Suite C
Hiawassee, Georgia 30546**

Dr. Richard Behrens, Superintendent

Date

Aundrea Wilson, Professional Learning Director

Date

System Profile

The Towns County School District (TCSD) is comprised of 3 schools: Towns County Elementary, Towns County Middle, and Towns County High. Each of the schools is accredited by the Southern Association of Colleges and Schools (SACS) and recognizes that professional learning is an essential part of fulfilling its mission and serving the needs of teachers and students. Towns County School District (TCSD) is located in rural Hiawasse, Georgia.

The Professional Learning Department of TCSD will coordinate the design and administration of education programs. A Professional Learning Program Advisory Council will include teachers, administrators, and licensed personnel to provide guidance for PLU activities.

This comprehensive plan is intended to provide a broad view of the scope of our plans. The goal of the TCSD Professional Learning Program is to enhance existing

I. Student Goals and Educational Improvement Practices

TCSD will provide high-quality professional learning that impacts student achievement and will develop continuous improvement by providing research-based, data-driven, job-embedded and standards-based professional learning. At the core of this effort lie the Georgia Standards for Professional Learning which is based on the National Staff Development Standards.

CONTEXT STANDARDS – Professional learning that improves the learning of all students...

- **Learning Communities:** Organizes adults into learning communities whose goals are aligned with those of the school and district
- **Leadership:** Requires skillful school and district leaders who guide continuous instructional improvement
- **Resources:** Requires resources to support adult learning and collaboration

PROCESS STANDARDS - Professional learning that improves the learning of all students...

- **Data-Driven:** Uses disaggregated student data to determine adult learning priorities, monitor progress, and help sustain continuous improvement
- **Evaluation:** Uses multiple sources of information to guide improvement and demonstrate its impact
- **Research-Based:** Prepares educators to apply research in decision making
- **Design:** Uses learning strategies appropriate to the intended goal
- **Learning:** Applies knowledge about human learning and change
- **Collaboration:** Provides educators with the knowledge and skills to collaborate

CONTENT STANDARDS – Professional learning that improves the learning of all students...

- **Equity:** Prepares educators to understand and appreciate all students, create safe, orderly and supportive learning environments, and hold high expectations for students' academic achievement
- **Quality Teaching:** Deepens educators' content knowledge, provides them with research-based instructional strategies to assist students in meeting rigorous academic standards, and prepares them to appropriately use various types of classroom assessments
- **Family Involvement:** Provides educators with knowledge and skills to appropriately involve families and other stakeholders

TCSD believes that successful, effective professional development must:

- Improve all students' learning
- Improve teacher effectiveness
- Set high standards for students and teachers
- Promote continuous staff learning
- Enhance staff intellectual and leadership capacity

TCSD will offer courses/workshops that address local initiatives and federal or state mandates and are aligned to the School/System Improvement Plans.

II. Educational Personnel Needs Assessment

The Towns County School District (TCSD) will conduct periodic needs assessments with teachers and system personnel to determine educational and professional needs. These assessments will be in the form of surveys, interviews, site visits, and/or response to requests. The results of the assessments will be used to determine program offerings. Individual teachers or groups of teachers with similar needs are encouraged to submit their requests for programs to the Professional Learning Coordinator.

III. Approval of Professional Learning Courses for Individuals and Groups

Each individual desiring Professional Learning must complete a Prior Approval Form. The form is available on the TCSD website as well as by contacting the Professional Learning Department. The completed form must be signed and approved by the individual's supervisor, professional learning coordinator, or system superintendent to assure that improvement goals of the school or system are being met by the course(s) being offered.

IV. Components of Professional Learning Unit (PLU) Activities

Each PLU addendum for a professional learning course will include the following components:

1. Course description
2. Goals to be addressed by the PLU course
3. Improvement practice to be implemented
4. Competencies to be developed with associated performance indicators identified
5. Preparation planning which includes:
 - Dates for the activity
 - Instructor(s) and their qualifications to direct this activity
 - Location
 - General instructional/delivery strategies to be used during the activity
6. On-the-job performance verification procedures (when, who, how) or mastery verification procedures including a rationale for why mastery verification is being used instead of on-the-job performance

V. Procedures for Advisory Council/Planning

The Professional Learning Coordinator and Council will approve submitted courses. Two-thirds of the committee must give approval. The committee will meet three times annually and/or as necessary. The committee will be responsible for reviewing the results of the needs assessment and prioritizing the courses to be offered. They will also approve the TCSD annual plan for professional learning. The committee will ensure

the quality and suitability of offered courses. High quality professional learning is defined in H.R.1-539 section 34 of the “No Child Left Behind Act”:

- A. Improve and increase teachers’ knowledge of the academic subjects the teachers teach, and enable teachers to become highly qualified;
- B. Give teachers, principals, and administrators the knowledge and skills to provide students with the opportunity to meet challenging state academic content standards and student academic achievement standards;
- C. Improve classroom management skills;
- D. Are sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher’s performance in the classroom;
- E. Advance teacher understanding of effective instructional strategies based on scientifically based research.

VI. Completion of Preparation

Participants must meet the following requirements in order to successfully complete the instructional phase of each PLU course or activity.

- 1. Attend a minimum of 10 clock hours of instruction for each PLU as verified by attendance records maintained by instructors. No more than 10% of the total contact hours will be allowed as absences. Make-up work will be scheduled for those with excused absences. All requirements of the instructional phase must be met within two months of the program date, or the final make-up session, if required.
- 2. Demonstrate predetermined levels of competency as evidenced by mastery verification for each program.
- 3. Develop an individual plan for implementation that has been approved by the instructional staff.

VII. Procedures for On-the-Job or Mastery Verification in lieu of On-the-Job Assessment

On-the-job assessment is the primary and most desired method of assessment; however, due to the nature of the knowledge and skills acquired during some of these programs, the instructional staff is best qualified to assess and evaluate each participant’s level of achievement in relation to the stated goals of the program. If Mastery Verification is selected, each program addendum will include a specific Mastery Verification Plan. The plan will include at least the following components:

- 1. A rationale for selecting Mastery Verification in lieu of On-the-Job Assessment.
- 2. Criteria for successful mastery verification as evaluated by the instructional staff.
- 3. Confirmation of attendance and participation.
- 4. A deadline for date of completion (if not completed during the activity period).

VIII. Designation of Professional Learning Program Coordinator

The TCSD Professional Learning Coordinator will be responsible for coordinating the program and will be the program contact person.

IX. Recommendation for Professional Learning Credit

Recommendation for Professional Learning Credit will be made upon the satisfactory completion of the following criteria:

1. Verification by the Program Coordinator that the participant has completed the required number of contact hours.
2. Verification by the instructor that the participant has demonstrated at a predetermined level of competencies listed in the preparation phase of the training activity.
3. Verification by the instructor that the participant has successfully completed the on-the-job assessment (or mastery verification) process.

At the completion of the preparation phase, the instructor will complete a Professional Learning Unit (PLU) Course Completion Form for each participant successfully completing all requirements. The signatures of the instructional staff indicate both attendance for the required minimum contact hours and successful completion of the mastery verification requirements.

X. Record Keeping

All attendance and performance records will be carefully maintained by the instructors and kept by the Professional Learning Coordinator for a minimum of six (6) years. The form for documenting and verifying the recommendation for certification credit will be the Professional Learning Unit (PLU) Course Completion Form.

XI. Appeals Channels

A participant desiring to appeal the recommendation of the instructor or program coordinator for certification credit may appeal the recommendation according to the following procedures:

Within one week of the final recommendation of the certification credit, the participant must notify the instructor in writing of his/her desire to appeal. With the notification, the participants must also state in writing the substantial reasons that support the appeal. The instructor and participant will schedule a meeting at which to discuss the appeal. Results of the meeting will be given to the participant in writing within one week of the meeting.

If the result of the process provided in Item 1 does not resolve the case, the participants may submit a written notification of appeal and reasons to the program coordinator who approved and verified the participant's staff and development activities, with a copy sent to the instructor. The instructor will arrange a meeting with the participant, the local system personnel and the instructor to discuss the appeal. Information will be provided for this meeting by the program coordinator and instructor. The participant will be notified in writing within one week of the meeting. A copy of this appeals process will be provided to the participants upon acceptance into the program.

PROFESSIONAL LEARNING NEEDS ASSESSMENT AND PLANNING

Procedures:

- 1. Each staff member completes a Professional Learning Needs Assessment in the spring of each fiscal year.**
- 2. The Professional Learning Director compiles the assessments and meets with the school-level administration and committee to develop a plan based on the assessed needs and available funds.**
- 3. The Professional Learning Director along with the system-level committee reviews and approves each school-level plan and budget for implementation.**

Towns County Schools

PROFESSIONAL LEARNING NEEDS ASSESSMENT

Name:

Location:

☐	TCES
☐	TCMS
☐	TCHS
☐	SYSTEM

Position:

☐	Administrator
☐	Teacher
☐	Paraprofessional
☐	Other

THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED TO PLAN LOCAL PROFESSIONAL LEARNING ACTIVITIES AS WELL AS RESA ACTIVITIES. PLEASE BE AS SPECIFIC AS YOU CAN IN STATING YOUR NEEDS FOR PROFESSIONAL GROWTH.

THE TOPICS LISTED BELOW ARE POSSIBILITIES FOR PROFESSIONAL LEARNING ACTIVITIES. THESE ARE INTENDED TO SERVE AS A GUIDE AS YOU DETERMINE YOUR PRIORITIES FOR PROFESSIONAL DEVELOPMENT.

CHECK ALL PROFESSIONAL LEARNING TOPICS THAT YOU WOULD BE INTERESTED IN.

Reading Endorsement	☐	Critical Thinking	☐
Guided Reading	☐	Problem Solving	☐
Vocabulary Development	☐	Literature Circles	☐
Phonemic Awareness	☐	English/Language Arts GPS Content & Strategies	☐
Reading Fluency	☐	Mathematics GPS Content & Strategies	☐
Reading Comprehension	☐	Science GPS Content & Strategies	☐
Social Science GPS Content & Strategies	☐	Health Content & Strategies	☐
Fine Arts (Art, Music, Band, Drama, Chorus)	☐	Technical/Vocational Education	☐
Vertical Teaming (6-12)	☐	Co-Teaching/Least Restrictive Environment (K-12)	☐
Assessment Strategies	☐	Curriculum Mapping	☐
Differentiated Instruction	☐	Pyramids of Intervention/RTI	☐
Technology Education and Integration	☐	Gifted Endorsement	☐
ESOL Endorsement	☐	Unit Design	☐
Standards-based Instruction	☐	Professional Learning Communities	☐
Classroom Management/Time Management Strategies	☐	School Safety	☐
Learning Styles	☐	Data Analysis	☐
Communication Skills	☐	Writing Skills	☐
Parental Involvement Strategies	☐	Technology Applications	☐
Strategies for English Language Learners	☐	Learning Focused Schools Strategies	☐

Please list your top three requests for professional learning. (Be specific. They may or may not be in the previous list):

1. _____

2. _____

3. _____

Please check the time(s) you prefer in-house professional learning:

During planning times	☐	After School	☐
Teacher Work Days	☐	Pre-planning	☐
Post Planning	☐	Early Release Days	☐
	☐		☐

**TOWNS COUNTY SCHOOL SYSTEM
SCHOOL SUMMARY
PROFESSIONAL LEARNING NEEDS ASSESSMENT
MAY 2009**

SCHOOL: _____ **Date** _____

Summary/Top Three Educational Priorities. (Please be specific)

1. _____

2. _____

3. _____

Total the number for each category.

When can your professional learning needs best be met?

During planning times	
After school	
Teacher work days	
Pre-planning	
Post planning	
Other	

List the top **three** additional needs for professional learning based on your teacher evaluation goals if not listed above.

- 1.
- 2.
- 3.

List the top **three** additional needs for the school system.

- 1.
- 2.
- 3.

List the top **five** areas you would recommend for Pioneer RESA to assist the schools and system with for the 04-05 school-year.

- 1.
- 2.
- 3.
- 4.
- 5.

Principal Signature _____

System-Level Professional Learning Credits (PLU) and Forms

*(FOR PROFESSIONAL LEARNING ACTIVITIES
IN WHICH TCSD WILL ISSUE CREDIT)*

Explanation and Procedures:

If you are planning an in-house professional learning activity in which Towns County Schools will issue the professional learning credit, you must follow these procedures:

1. Ensure that the planned professional learning activity aligns to the needs of the school/system.
2. For each activity planned, the school administrator completes a Professional Learning Program Description Form (PL Form 2) and a Professional Learning Itemized Budget Form (PL Form 3). Both forms should be submitted to the Professional Learning Director **at least 2 weeks prior** to the start date for each planned activity.
3. A course design must be completed and on file in the system office (PL Form 4).
4. If the activity is to take place during school hours, a Professional Learning Leave Prior Approval Form (PL Form 1) should be completed on each participant.
A prior approval form must be on file for all professional leave absences. If a prior approval form is not on file and an absence is noted as professional leave, the leave will come from available sick days, personal days, or be docked from your pay whichever is appropriate. Travel may not be reimbursed for professional leave with no prior approval.
5. You will be notified of approval or denial for the request. If approved, you will be notified of your completed registration and reminded of the leave dates. If a substitute is needed, the person responsible for obtaining substitutes will be notified of the professional leave.
It is the responsibility of the employee taking professional leave to ensure that a substitute has been secured and appropriate plans are left for the substitute.
6. When training and assessment are completed, the school administrator should turn the following in to the Professional Learning Director:
 - A sign-in sheet for each meeting date of the planned activity. Each PLU credit requires 10 contact hours (PL Form 5).
 - A Mastery Verification Form (PL Form 6) or an On-the-Job Assessment Form (PL Form 7) for each participant requesting credit.
Mastery Verification is completed when credit is issued for completing the prepared phase/contact hours of instruction only.
On-the-Job Assessment is completed when credit is issued for completing the contact hours of instruction and an additional observed activity outside of the training.
 - A Professional Learning Evaluation Form (PL Form 8) for each participant.

****In addition to this section, all Professional Learning forms are located in the Appendix.***



Towns County Schools
Professional Learning Program
Professional Learning Program Description
PL Form 2

Directions: 1) Submit this form to the Professional Learning Director prior to each planned activity; 2) Attach a Professional Learning Program Budget Form (PL Form 5) to this form.

Upon approval, the appropriate forms will be forwarded to you for documentation of the activity. Please return the forms to the Professional Learning Director upon completion of the activity.

Program Title: _____ # of PLUs: _____

School: ☐ TCES ☐ TCMS ☐ TCHS Submitted by: _____

Instructor(s): _____

Location: _____

Projected Date(s) and Time(s): _____

Alignment:

1. Include a statement indicating how this program or activity relates to a system academic goal.
- OR
1. Include a statement indicating how this program or activity relates to your school improvement plan.
 2. Provide a list of intended outcomes for the program or activity.
 3. Describe how the attainment of those outcomes will be verified or assessed.
 4. In order for the program or activity to be effective, follow-up is necessary. What activities or processes are planned for follow-up?

Needs Addressed	Intended Outcomes	Evaluation/Measurement of Outcomes	Follow-up Activities to Ensure Successful Implementation
			Check one: ☐ Mastery Verification-Prepared Phase/Contact Hrs. Completed ☐ On-the-Job Assessment

Target Audience: _____ # of Participants: _____

Training will be conducted as:

- ☐ Individual Activity
☐ Group Activity
☐ Certification Renewal
☐ Local System Requirements
☐ Other

Check categories for which this PLU credit applies:

- ☐ Field(s) of Certification
☐ Annual Personnel Evaluation
☐ State/Federal Requirements
☐ System Plan
☐ School Plan
☐ Individual Improvement Plan

Professional Development Stipends: ☐ Yes ☐ No

PLU Credit: ☐ Yes ☐ No # of PLU Credits: _____

OFFICE USE ONLY

☐ Approved ☐ Denied

Professional Learning Director Signature _____

Date _____



TOWNS COUNTY SCHOOLS

Professional Learning Program

Itemized Budget for School or System-Based Activity

PL Form 3

Directions: Submit this form along with a Professional Learning Program Program/Description Form (PL Form 4) to the Professional Learning Director prior to the scheduled activity. Do not conduct the activity prior to receiving approval from the Professional Learning Director.

School Name: _____

Description of Activity: _____

Dates of Activity: _____ Total Contact Hours: _____

Instructor: _____ Location: _____

Source of Funds: ☐ Professional Learning

☐ Title I

☐ Title IIA

☐ Title IID

☐ Other: _____

Code	Object	Sub-Object	Line Item Name	Cost	Total
2210	800	810	Registration	\$	\$
2210	800	890	College Classes	\$	\$
2210	700	730	Equipment over \$1000	\$	\$
2210	700	734	Computers over \$1000	\$	\$
2210	500	580	Travel	\$	\$
2210	100	116	Stipend	\$	\$
2210	100	113	Substitute	\$	\$
2210	200	220	Substitute – FICA	\$	\$
2210	300	300	Purchased Professional Service (Consultant)	\$	\$
2210	500	595	Other Purchased Services (Facility Rental)	\$	\$
2210	600	610	Supplies	\$	\$
2210	600	612	Software	\$	\$
2210	600	615	Expendable Equipment (under \$5000)	\$	\$
2210	600	616	Expendable Equipment (over \$5000)	\$	\$
2210	600	642	Books	\$	\$

Principal _____

Date _____

OFFICE USE ONLY

☐ Approved

☐ Denied

Professional Learning Director _____

Date _____

PROFESSIONAL LEARNING (PL Form 4)
AGENCY: Towns County Schools

TITLE OF COURSE:

COURSE NUMBER:

DATE AND TIME:

LOCATION:

CONTACT HOURS AND PLU CREDIT:

INSTRUCTORS:

INSTRUCTIONAL AND DELIVERY STRATEGIES:

COURSE OVERVIEW:

GOALS: Participants will learn how to:

- 1.
- 2.
- 3.

IMPROVEMENT PRACTICES: Upon completion of the training, participants will be able to:

- 1.
- 2.
- 3.

COMPETENCIES TO BE DEVELOPED: Participants completing the training will:

- 1.
- 2.
- 3.

PERFORMANCE INDICATORS:

- 1.
- 2.
- 3.

COURSE EVALUATION:

AGENCY: Towns County Schools

TITLE OF COURSE: Learning Focused Schools Strategies Training

COURSE NUMBER: TC00105

DATE AND TIME:

October 10, 2005	7:30 am – 4:30 pm
October 19, 2005	(2 hour session during planning times)
November 16, 2005	(2 hour session during planning times)
January 2, 2007	7:30 am – 4:30 pm

LOCATION: Towns County Schools, Towns County Middle/High School Media Center

CONTACT HOURS AND PLU CREDIT: This is a 20-hour course that offers two professional learning units (2 PLUs).

INSTRUCTORS: Learning Focused Schools trained personnel from Pioneer Resa

INSTRUCTIONAL AND DELIVERY STRATEGIES: Direct instruction and interaction with the participants are the methods used in the presentations of this course. This course will employ individual and group learning, and discussions.

COURSE OVERVIEW: This course is designed to assist participants in understanding, identifying, and implementing practices that impact student achievement. Participants will utilize a research-based framework and support solutions that focus on learning. All training will be aligned to the Georgia Performance Standards and emphasize balanced achievement that leads to increased student performance.

GOALS: Participants will learn how to:

1. Identify and utilize research-based strategies within units and lessons.
2. Model Learning Focused Schools strategies in daily instruction.
3. Develop lessons and units aligned to the Georgia Performance Standards that include the elements of Learning Focused Schools.

IMPROVEMENT PRACTICES: Upon completion of the training, participants will be able to:

1. Develop and implement units and lessons with effective teaching strategies identified with Learning Focused Schools and aligned to the Georgia Performance Standards.
2. Use self-reflection to examine their own teaching and learning strategies in delivering a curriculum based on conceptual teaching and learning.

COMPETENCIES TO BE DEVELOPED: Participants completing the training will:

1. Implement professional learning communities within their schools to maximize effective teaching strategies.
2. Develop and use lessons and units that incorporate effective teaching strategies identified with Learning Focused Schools.
3. Improve personal skills of self-reflection and analyzing of teaching strategies.

PERFORMANCE INDICATORS:

1. Ability to develop and implement lessons and units with effective teaching strategies for effective implementation of the GPS.
2. Ability to model Learning Focused Schools strategies.
3. Ability to use self-reflection to evaluate the effectiveness of the instructional units and assessment instruments for conceptual classroom instruction at the local level.

COURSE EVALUATION:

On-the-Job Assessment will occur with designed and implemented lesson plans evaluated by a system-designated person. Documented on-the-job assessment will add up to 2 additional PLU credits.



Towns County Schools
Prior Approval Request Form
Professional Learning Leave
PL Form 1

Participant Directions: 1) Complete all information below; This form should be completed by the participant for approval at least 2 weeks prior to the activity. 2) Submit this form and the completed activity registration form to the Professional Learning Coordinator. Note: Travel expenses may not be reimbursed without prior authorization. This form is **ONLY** for professional learning leave.

Name of Applicant: _____ SSN: _____ - _____ - _____

Please check appropriate school:

- ☐ TCES ☐ TCMS
☐ TCHS ☐ System Personnel

Please check appropriate position:

- ☐ Administrator ☐ Teacher
☐ Paraprofessional ☐ Office Staff
☐ Custodial Staff ☐ Other

Activity Title: _____

Activity Location: _____ Registration Deadline: _____

Requested Leave Date(s): _____

PLU Credit: ☐ Yes ☐ No Number of PLU's: _____

Substitute Needed: ☐ Yes ☐ No Days Needed: _____

Check Related System Goals:

- | | |
|--|---|
| ☐ Increase student achievement in all content areas | ☐ Expand the use of alternative assessment |
| ☐ Increase technology application in the classroom | ☐ Utilize data to improve instruction & increase student achievement |
| ☐ Maintain a safe learning environment | ☐ Standards-based instruction |
| ☐ Standards-based instruction | |

Registration Fee: ☐ Yes ☐ No

Amount to be Paid: \$ _____

Overnight travel expenses? ☐ Yes ☐ No

Travel and lodging reservations are the responsibility of the participant. Use tax exempt forms at hotel check-in. Hotel cost allowance is \$150.00 per night.

Please include estimated cost of lodging, food, and mileage:

Food \$ _____

Mileage \$ _____

Lodging \$ _____

FOR OFFICE USE ONLY:

Funding Source for Registration Fee: Purchase Order Number: _____

☐ Professional Learning ☐ Title I ☐ Title II A ☐ Title II D ☐ Special Education ☐ Other: _____

Funding Source for Substitute:

☐ Professional Learning ☐ Other: _____

Funding Source for Travel Expenses:

☐ Professional Learning ☐ Title I ☐ Title II A ☐ Title II D ☐ Special Education ☐ Other: _____

Required Signatures:

Participant's Signature

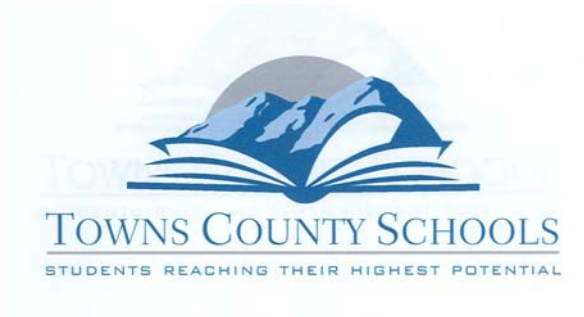
Date

Supervisor/Administrator Approval

Date

Professional Learning Director Approval

Date



PROFESSIONAL LEARNING SIGN-IN SHEET (PL Form 5)

ACTIVITY TITLE: _____ **DATE:** _____



TOWNS COUNTY SCHOOLS

Professional Learning Program

Mastery Verification/On-the-Job Assessment

PL Form 6

Please note that only one method of assessment is needed. Choose an On-the-Job Assessment or Mastery Verification.

Name: _____ Date: _____

SSN: _____ School: _____

Title of Activity: _____

Training Agency & Instructor: _____

Date(s) of Coursework: _____

Number of Contact Hours: _____ Number of PLU's: _____

_____ Option I: Mastery Verification – Prepared Phase/ Contact Hours Completed

_____ Option II: On-the-Job Assessment

Check the categories for which this PLU credit applies:

_____ Field(s) of Certification	_____ System Plan
_____ Annual Personnel Evaluation	_____ School Plan
_____ State/Federal Requirements	_____ Individual Plan

Training was conducted as:

_____ Individual Activity
_____ Group Activity
_____ Certification Renewal

Signature of Participant

Date

I certify that all areas of assessment for the activity ☐ have ☐ have not been met.

I recommend that the staff member receive further professional development in the form of a PDP.

☐ Yes ☐ No

Signature of Instructor/Administrator

Date

Note: Credit will not be awarded for this course until the Mastery Verification or the On-the-Job Assessment form is completed and returned back to the Professional Learning Director.



TOWNS COUNTY SCHOOLS

Professional Learning Program

On-the-Job Assessment of an Individual Activity

PL Form 7

Name: _____

Title of Activity: _____ Number of PL Hours: _____

Date(s) of Observation/Assessment: _____

PARTICIPANT GOALS (How does this activity relate to school or system academic goals?)

INTENDED OUTCOMES AND/OR PROFESSIONAL PRACTICES (What is occurring in the classroom as a result of the activity?)

EVALUATION/ASSESSMENT (Describe the evidence found in the classroom which indicates that the goals and outcomes have been met. Examples can be found in lesson plans, sample student work, or formal written/oral presentation by participant for the instruction of other staff members.) **If an Assessment Rubric is used for evaluation, attach a copy of the completed rubric. All other examples should be archived at the school site by the teacher.**

What are your plans to re-deliver this information?

☐ Grade-level or department

☐ School faculty

☐ District

I certify that all areas of assessment for the activity ☐ have ☐ have not been met.

I recommend that the staff member receive further professional development in the form of a PDP.

☐ Yes ☐ No

Signature of Administrator

Date



TOWNS COUNTY SCHOOLS Professional Learning Feedback Form

PL Form 8

Program Title: _____ **Presenter:** _____

Date(s): _____ **School/Location:** _____

Position: ☐ Elementary ☐ Middle ☐ High ☐ Administrator ☐ Support Staff ☐ Classified Staff

Overall Evaluation: ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Quality of Engagement: Check the box that best indicates your level of involvement throughout most of this experience.

☐ Authentic <i>I was very involved in this learning experience most of the time. The activities were designed in ways that appealed to the various ways that I best learn such content. The content will be valuable to me and to my school or department or school system.</i>	☐ Strategic Compliance <i>I participated in this learning experience throughout the time allotted. I believe attendance at this seminar/workshop/course is part of what others expect of me.</i>	☐ Ritual Compliance <i>I was in attendance throughout the session(s). I have made some contributions, but nothing significant.</i>	☐ Retreatism <i>Although I was present during the learning experience, I did not always clearly focus on the content, presentations or discussions. Most of the time, my attention was on other matters.</i>	☐ Rebellion <i>Throughout this learning experience I found ways, other than the planned activities, to occupy my time and attention. I chose to derail some of the work during the seminar/workshop/course.</i>
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Evaluate the quality of the professional learning activity by checking whether you strongly agree, agree, are undecided, disagree, or strongly disagree with each of the statements below:

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The activity objectives were related to my educational concerns.					
2. The activity objectives were related to practical educational application in my specific job setting.					
3. The activity had some outstanding components which were unique or innovative.					
4. Presentations were well organized.					
5. The program schedule was well adapted to my educational needs.					
6. Meeting facilities were suitable.					
7. The strategies utilized, including instructional resources, were appropriate for meeting the stated objectives.					
8. Overall, personnel conducting the activity exhibited the qualities essential to the success of the workshop. (Consider creativity, specialized knowledge, communication skills, and the like).					
9. Overall, the activity was a successful training experience for me.					
10. Adequate provisions were made for me to identify needs which were not previously identified.					
11. Adequate provisions were made for me to provide feedback to the personnel conducting the workshop.					
12. As a result of this professional learning activity, I will alter my educational behavior in a more positive direction in my specific job setting.					

Comments: _____

**PROFESSIONAL LEARNING
PRIOR APPROVAL
(FOR OUTSIDE PROFESSIONAL LEAVE)**

Professional learning may either be requested by the employee or by the supervisor of the employee. Prior approval for such requests must be obtained before leave is taken. Availability of funds and alignment to the system/school's improvement goals will determine the approval or denial of requests.

Following are the procedures for professional learning leave:

1. Complete and sign a Professional Learning Leave Prior Approval Form (PL Form 1). Please have your immediate supervisor sign the form and then submit the form to the Professional Learning Director.

A prior approval form must be on file for all professional leave absences. If a prior approval form is not on file and an absence is noted as professional leave, the leave will come from available sick days, personal days, or be docked from your pay whichever is appropriate. Travel may not be reimbursed for professional leave with no prior approval.

2. You will be notified of approval or denial for the request. If approved, you will be notified of your completed registration and reminded of the leave dates. If a substitute is needed, the person responsible for obtaining substitutes will be notified of the professional leave.

It is the responsibility of the employee taking professional leave to ensure that a substitute has been secured and appropriate plans are left for the substitute.

Registrations should not be completed before notification of approval is received.

3. An Attendance Verification Form (PL Form 9) should be completed for activities where no other attendance form is available and submitted to the Professional Learning Director.

4. When the training is completed, a Professional Learning Evaluation Form (PL Form 8) should be submitted to the Professional Learning Director.

****In addition to this section, all Professional Learning forms are located in the Appendix.***



Towns County Schools
Prior Approval Request Form
Professional Learning Leave
PL Form 1

Participant Directions: 1) Complete all information below; This form should be completed by the participant for approval at least 2 weeks prior to the activity. 2) Submit this form and the completed activity registration form to the Professional Learning Coordinator. Note: Travel expenses may not be reimbursed without prior authorization. This form is **ONLY** for professional learning leave.

Name of Applicant: _____ SSN: _____ - _____ - _____

Please check appropriate school:

- ☐ TCES ☐ TCMS
☐ TCHS ☐ System Personnel

Please check appropriate position:

- ☐ Administrator ☐ Teacher
☐ Paraprofessional ☐ Office Staff
☐ Custodial Staff ☐ Other

Activity Title: _____

Activity Location: _____ Registration Deadline: _____

Requested Leave Date(s): _____

PLU Credit: ☐ Yes ☐ No Number of PLU's: _____

Substitute Needed: ☐ Yes ☐ No Days Needed: _____

Check Related System Goals:

- | | |
|--|---|
| ☐ Increase student achievement in all content areas | ☐ Expand the use of alternative assessment |
| ☐ Increase technology application in the classroom | ☐ Utilize data to improve instruction & increase student achievement |
| ☐ Maintain a safe learning environment | ☐ Standards-based instruction |
| ☐ Standards-based instruction | |

Registration Fee: ☐ Yes ☐ No

Amount to be Paid: \$ _____

Overnight travel expenses? ☐ Yes ☐ No

Travel and lodging reservations are the responsibility of the participant. Use tax exempt forms at hotel check-in. Hotel cost allowance is \$150.00 per night.

Please include estimated cost of lodging, food, and mileage:

Food \$ _____

Mileage \$ _____

Lodging \$ _____

FOR OFFICE USE ONLY:

Funding Source for Registration Fee: Purchase Order Number: _____

☐ Professional Learning ☐ Title I ☐ Title II A ☐ Title II D ☐ Special Education ☐ Other: _____

Funding Source for Substitute:

☐ Professional Learning ☐ Other: _____

Funding Source for Travel Expenses:

☐ Professional Learning ☐ Title I ☐ Title II A ☐ Title II D ☐ Special Education ☐ Other: _____

Required Signatures:

Participant's Signature

Date

Supervisor/Administrator Approval

Date

Professional Learning Director Approval

Date



TOWNS COUNTY SCHOOLS Professional Learning Feedback Form

PL Form 8

Program Title: _____ **Presenter:** _____

Date(s): _____ **School/Location:** _____

Position: ☐ Elementary ☐ Middle ☐ High ☐ Administrator ☐ Support Staff ☐ Classified Staff

Overall Evaluation: ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Quality of Engagement: Check the box that best indicates your level of involvement throughout most of this experience.

☐ Authentic	☐ Strategic Compliance	☐ Ritual Compliance	☐ Retreatism	☐ Rebellion
<i>I was very involved in this learning experience most of the time. The activities were designed in ways that appealed to the various ways that I best learn such content. The content will be valuable to me and to my school or department or school system.</i>	<i>I participated in this learning experience throughout the time allotted. I believe attendance at this seminar/workshop/course is part of what others expect of me.</i>	<i>I was in attendance throughout the session(s). I have made some contributions, but nothing significant.</i>	<i>Although I was present during the learning experience, I did not always clearly focus on the content, presentations or discussions. Most of the time, my attention was on other matters.</i>	<i>Throughout this learning experience I found ways, other than the planned activities, to occupy my time and attention. I chose to derail some of the work during the seminar/workshop/course.</i>

Evaluate the quality of the professional learning activity by checking whether you strongly agree, agree, are undecided, disagree, or strongly disagree with each of the statements below:

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The activity objectives were related to my educational concerns.					
2. The activity objectives were related to practical educational application in my specific job setting.					
3. The activity had some outstanding components which were unique or innovative.					
4. Presentations were well organized.					
5. The program schedule was well adapted to my educational needs.					
6. Meeting facilities were suitable.					
7. The strategies utilized, including instructional resources, were appropriate for meeting the stated objectives.					
8. Overall, personnel conducting the activity exhibited the qualities essential to the success of the workshop. (Consider creativity, specialized knowledge, communication skills, and the like).					
9. Overall, the activity was a successful training experience for me.					
10. Adequate provisions were made for me to identify needs which were not previously identified.					
11. Adequate provisions were made for me to provide feedback to the personnel conducting the workshop.					
12. As a result of this professional learning activity, I will alter my educational behavior in a more positive direction in my specific job setting.					

Comments: _____



TOWNS COUNTY SCHOOLS

Attendance Verification Form PL Form 9

PART A

Name of Participant: _____ SSN: _____

School: _____ Title of Activity: _____

Date(s) of Activity: _____ Contact Hours: _____

I verify that the above named person attended the activity listed for the number of hours listed.

Signature of Instructor or Program Official

Date

Title or Position

PART B

AREA BELOW FOR CLASSIFIED OR NON-CERTIFIED ONLY

Do not use the mastery verification form below if an on-the-job evaluation will be used to complete the Professional Learning procedure.

ACTIVITY OBJECTIVES

MASTERY VERIFICATION PROCEDURES (What competencies or performance indicators verify that the above named person can demonstrate the use of the activity's objectives?)

Signature of Instructor or Attendance
Verification Designee

Date

TRAVEL AND LODGING FORMS

PROCEDURES:

Travel: All state travel regulations must be followed for reimbursement. Please complete the travel forms in an accurate and timely manner.

- If mileage is claimed, the odometer reading and vehicle tag number must be recorded on the travel form.
- Please indicate if transportation is shared.
- Sign the form.
- Incomplete forms will be returned for completion.

Lodging:

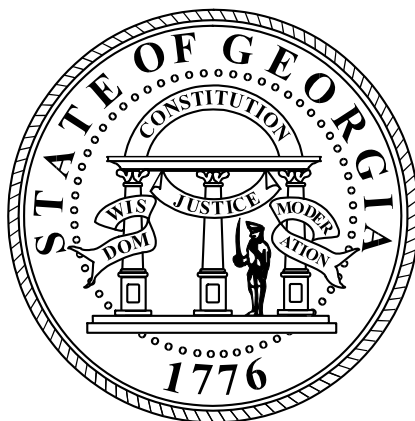
- Lodging expenses over \$150 per night must receive prior approval from the Superintendent.
- A Tax Exempt Form must be presented to the hotel at check-in. Failure of the employee to provide a Tax Exempt Form will cost the employee the added tax.
- Hotel receipts must be attached to the expense form.
- Miscellaneous claims must have receipts attached to the expense form.

MEALS:

- Meals may not exceed the amount specified. (See Chapter 3 of the Statewide Travel Regulations)

****In addition to this section, all Professional Learning forms are located in the Appendix.***

STATE OF GEORGIA



STATEWIDE TRAVEL REGULATIONS

ISSUED BY:
STATE ACCOUNTING OFFICE
AND
OFFICE OF PLANNING AND BUDGET

UPDATED AS OF AUGUST 1, 2007

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Introduction

In accordance with the Official Code of Georgia Annotated Section 50-5B-5, “The state accounting officer in cooperation with the Office of Planning and Budget is authorized to and shall adopt rules and regulations governing in-state and out-of-state travel and travel reimbursement that promote economy and efficiency in state government and which treat employees fairly and equitably.”

The travel regulations outlined in this document are effective on August 1, 2007. These regulations are available on the internet at the following address (subsequent updates will also be posted to this web site):

<http://sao.georgia.gov>

All agencies are required to follow the minimum guidelines outlined in the Statewide Travel Regulations. However, agencies are also authorized to establish policies that further restrict an employee's travel if the agency determines that stricter policies are necessary. Agencies are not authorized to set more lenient policies than those authorized by the Statewide Travel Regulations.

Employees with questions concerning the travel regulations should first contact their organization's accounting office. Any unresolved questions may be forwarded to the State Accounting Office at (404) 656-2133. Or, you may e-mail your questions to the State Accounting Office at SAO_Reporting@sao.ga.gov (note underscore in email address: SAO_Reporting@sao.ga.gov).

Chapter 1. Definitions

- A. AGENCY means any department, board, commission, or other organizational unit of government that is subject to these Statewide Travel Regulations.
- B. COMMERCIAL TRANSPORTATION means any entity that offers transportation of people or goods to the public for pay.
- C. COUNTY OR MUNICIPAL EXCISE TAX means the local taxes charged by hotel/motels for lodging, also referred to as “hotel/motel” or “occupancy” tax. This tax is separate from the state sales tax.
- D. EMPLOYEE TRAVEL EXPENSE STATEMENT means the accounting document used as the basis to reimburse a state employee for travel expenses incurred while on official business.
- E. FEDERAL PER DIEM RATE means the maximum allowance for expenses of federal employees who are on travel status. The available rates only include locations within the continental United States. Separate per diem limits have been established for non-contiguous U. S. and foreign travel.
- F. HIGH COST AREA means any area within Georgia within which meal expenses may be reimbursed at a higher amount than the limits that otherwise apply to travel within Georgia. High cost areas are limited to the following counties: Chatham, Cobb, DeKalb, Fulton, Glynn, and Gwinnett counties.
- G. LODGING means a hotel, motel, inn, apartment, or similar entity that furnishes lodging to the public for pay.
- H. MISCELLANEOUS TRAVEL EXPENSE means a necessary and reasonable expense incurred by a state employee while traveling on official business. This term does not apply to meals, lodging, mileage, or transportation costs.
- I. MOTOR POOL VEHICLES means the interagency motor pool that is operated on behalf of the Department of Administrative Services’ Fleet Support Services through Enterprise Rent-a-Car.

- J. NORMAL COMMUTING MILES means the miles traveled on a regular (usually daily) basis from an employee's residence to the location most frequently associated with work performed outside of that residence (generally, headquarters). This should be a standard distance that does not change from one reimbursement request to the next.
- K. PERSONAL MOTOR VEHICLE means a motor vehicle that is owned or leased for personal use by an employee. Personal motor vehicles include automobiles, aircraft, and motorcycles.
- L. POINT OF DEPARTURE means the beginning location used to calculate state-use miles traveled in a personal motor vehicle.
- M. TRAVEL ADVANCE means any payment to an employee for travel expenses that will be incurred for a scheduled, future trip.
- N. TRAVEL ADVANCE AUTHORIZATION FORM means the form used to document approval of cash advances by an agency head or his designee and to document receipt of the cash advance by the employee.
- O. TRAVEL EXCEPTION means written authorization for travel reimbursement of expenses generally not allowable under the Statewide Travel Regulations.
- P. TRAVEL EXPENSES means meal, lodging, mileage, transportation, and miscellaneous expenses.

Chapter 2. Authorization for Travel

General Provisions

Employees may be reimbursed for reasonable travel-related expenses incurred while on official business for the State. Subject to the provisions outlined in these travel regulations, the State Accounting Office and the Office of Planning and Budget have authorized reimbursement for the following expenses associated with employee travel:

- Meals associated with overnight lodging and in certain circumstances where there is no overnight lodging;
- Lodging expenses;
- Mileage for use of a personal motor vehicle;
- Transportation expenses, including parking and toll fees; and
- Certain miscellaneous expenses associated with travel.

The specific policies regarding the reimbursement of travel expenses, as well as expense limits and required documentation are outlined in the following chapters.

Exceptions to Travel Regulations

Situations may arise in the course of performing job duties that may require employees to incur travel expenses that are generally not reimbursable. The State Accounting Office and the Office of Planning and Budget are authorized to grant one-time exceptions for unusual circumstances. The procedures for requesting exceptions are outlined in [Chapter 10](#).

Authorization for Employee Travel

Employees who are required to travel for their job and are eligible for travel reimbursement should receive authorization from their department head or other designated official prior to performing the travel.

Each department should establish a written policy designating persons/positions that may authorize and approve travel. Agencies may authorize blanket routine travel authorization for in-state travel. However, department heads or their designees should specifically authorize out-of-state travel prior to each trip. Signature of the approving official on the travel expense form constitutes authorization of employee travel. Each agency should provide its fiscal office with a list of all persons/positions authorized to approve travel expense statements. This information is necessary for fiscal office personnel to issue reimbursement travel checks.

Chapter 3. Per Diem Allowance for Meals

Meals Associated with Overnight Travel in Georgia

Employees traveling overnight will be paid a per diem amount designed to cover the cost of meals (including taxes and tips), based on the number of meals per day for which the employee is eligible.

♦ How many meals per day? [See chart on page 3.2]

Employees traveling overnight are generally eligible for per diem amounts designed to cover the cost of three (3) meals per day for all days on travel status ***other than*** the day of departure and the day of return. There are specific instances in which an employee ***may be*** eligible for the three-meal per diem rate on departure/return days (see discussion below).

There are also instances in which an employee may not receive per diem for the normally eligible number of meals: If any meal is included as a part of the cost of conference registration, etc., such meal(s) should not be considered eligible in the calculation of per diem. For example, if conference registration includes breakfast and lunch, the employee will only receive per diem for the dinner meal (\$15; \$20 for high cost areas). Because most conferences, etc., accommodate a variety of dietary needs/restrictions, employees are expected to participate in such meals. In rare circumstances, an employee may be unable to participate in a conference meal. In such a case, the employee may request the per diem amount associated with the meal purchased in lieu of that provided. If requesting such reimbursement, a receipt documenting the meal purchase must be attached to the travel expense statement; also, justification for the meal purchase must be indicated on the statement.

Day of departure. Employees may only receive per diem for meals occurring while officially on travel status. For example, if an employee departs at 3:00 p.m., the employee is not eligible for breakfast or lunch per diem amounts for the day of departure.

If an employee departs on an overnight trip prior to 6:30 a.m., the employee is eligible for per diem for breakfast on the day of departure.

If an employee departs on an overnight trip prior to 11:00 a.m., the employee is eligible for per diem for lunch on the day of departure.

If an employee departs on an overnight trip prior to 5:30 p.m., the employee is eligible for per diem for dinner on the day of departure.

Day of return. Employees may only receive per diem for meals occurring while officially on travel status. For example, if an employee returns at 11:00 a.m., the employee is not eligible for per diem for lunch on the day of return.

If an employee returns from an overnight trip after 6:30 a.m., the employee is eligible for per diem for breakfast on the day of return.

If an employee returns from an overnight trip after 1:30 p.m., the employee is eligible for per diem for lunch on the day of return.

If an employee returns from an overnight trip after 7:30 p.m., the employee is eligible for per diem for dinner on the day of return.

Day of Departure			Time of Departure/Return	Day of Return		
B	L	D	12:00 a.m. - 6:30 a.m.	—	—	—
—	L	D	6:30 a.m. - 11:00 a.m.	B	—	—
—	—	D	11:00 a.m. - 1:30 p.m.	B	—	—
—	—	D	1:30 p.m. - 5:30 p.m.	B	L	—
—	—	—	5:30 p.m. - 7:30 p.m.	B	L	—
—	—	—	7:30 p.m. - 12:00 a.m.	B	L	D

♦ What are the per diem rates?

General Guidelines.

Eligible Meals	Per Diem Amount
Breakfast	\$6.00
Lunch	\$7.00
Dinner	\$15.00

High Cost Areas. Employees are considered traveling in high cost areas of Georgia when their official responsibilities must be performed at a location designated as a high cost area (see definitions in Chapter 1) **or** lodging is obtained in a location designated as a high cost area. Per diem rates applicable to high cost areas are outlined below:

Eligible Meals	Per Diem Amount
Breakfast	\$7.00
Lunch	\$9.00
Dinner	\$20.00

Meals Associated with Overnight Travel Outside of Georgia

Employees are considered traveling outside of Georgia when their official responsibilities must be performed at an out-of-state location. Employees who are working in Georgia but spending the night in lodging in another state are **not** traveling outside of Georgia.

Employees traveling outside of Georgia may receive meal per diem amounts up to the federal per diem rates (less the \$3 federal “incidentals” allowance; reimbursement of such incidental expenses are covered elsewhere in these travel regulations), at the discretion of the approving agency head or designee. The federal per diem rates (for locations within the continental United States) are available at the following address:

<http://www.gsa.gov/perdiem>.

The breakdown by meal for federal per diem amounts may be found at the following address:

<http://www.gsa.gov/mie>.

The federal government has also established per diem rates for foreign travel. The Internet address for this information is as follows:

<http://www.state.gov/m/a/als/prdm>.

Per diem rates associated with travel to high cost out-of-state areas should be approved by the agency head or his/her designee prior to the trip, in order that the employee might plan meals accordingly.

Meals Not Associated with Overnight Travel

Note to employers: See separate policy on group meals purchased on behalf of employees.

Employees who are required to travel for their job and do not stay overnight may receive per diem for certain meals under the following situations:

- Employees acting as an official representative for their department may receive per diem for meals that are an integral part of a scheduled, official meeting. Per diem is only authorized, however, if the meeting is with persons outside the employee’s department and if the meeting continues during the meal. Employees are not authorized to receive this per diem if they leave the premises of the meeting site.
- Employees may be reimbursed for noon meals that are part of a required registration fee that is paid by the employee. Note: In this instance, a per diem is not authorized; the registration fee is the basis for reimbursement.

- Employees on State business who travel more than 30 miles from home or headquarters on a work assignment, and are away for more than thirteen (13) hours may receive per diem for the noon meal, even when there is no overnight lodging. In addition to the noon meal, employees who depart prior to 6:30 a.m. are entitled to per diem for breakfast, and employees who return later than 7:30 p.m. are entitled to per diem for dinner. Employees must meet the eligibility requirements outlined above for per diem related to the noon meal before per diem for breakfast and/or dinner will be considered.

It should be noted that the Statewide Travel Regulations do not authorize employees to receive per diem for a “lunch meeting” in which the meal and meeting are one and the same.

Meals while Taking Leave

Employees who take annual leave while on travel status are not authorized to receive per diem for any meal during the period of leave.

Documentation Relating to Meals (see also Chapter 9)

Receipts for meals are not required, except as discussed on page 3.1. Times of departure (for the day of departure) and return (for the day of return) should be noted on the employee travel expense statement to substantiate meals eligible for payment of per diem. All meals included as a part of conference registration fees, etc., should be noted on travel form. Meal expenses incurred that exceed the authorized per diem amounts due to travel in high cost areas or out-of-state should be itemized separately and explained on the travel expense statement, and are eligible for reimbursement as determined by the approving official.

Chapter 4. Lodging Expenses

General Provisions

Employees who travel more than 50 miles from their home office, residence, or headquarters may be reimbursed for lodging expenses associated with approved overnight travel.

Employees will be reimbursed for the actual lodging expenses, provided the expenses are reasonable. Each agency may establish its own policy regarding the maximum reasonable rates for overnight lodging.

Responsibilities of Employee

Employees traveling overnight are responsible for ensuring the most reasonable lodging rates are obtained. To accomplish this, employees should:

- Make reservations in advance, whenever practical,
- Utilize minimum rate accommodations,
- Avoid the “deluxe” hotels and motels, and
- Obtain corporate/government rates, whenever possible.

Georgia’s “Green Hotels” Program

The Georgia Department of Natural Resources has developed a program to identify and certify lodging properties that are taking significant steps to reduce their demands on Georgia’s natural resources and to act as good corporate citizens. These certified “Green Hotels” meet a stringent standard for environmental stewardship and operational efficiency. By using less toxic cleaning and maintenance chemicals, these hotels provide healthier conditions for guests and employees.

When traveling on state business and hosting meetings, state employees are encouraged to explore opportunities to support these properties where cost-competitive. The current list of certified properties is available at the following web site:

http://www.p2ad.org/Assets/Documents/ci_grnhotel.html.

Reimbursement of Lodging Expenses for Overnight Travel Outside of Georgia

Lodging expenses for hotels/motels outside Georgia may exceed the maximum reasonable rates set by an agency. Employees traveling out-of-state should refer to the federal per diem rates to identify high cost areas of the United States, and to determine whether higher expenses are justified. The rates published by the federal government, however, should only be used as a guide. Lodging expenses associated with travel to high cost areas should be approved by the agency head or other designated official prior to the trip.

The federal per diem rates (for locations within the continental United States) can be accessed at the following address:

<http://www.gsa.gov/perdiem>.

The federal government has also established per diem rates for foreign travel. The Internet address for this information is as follows:

<http://www.state.gov/m/a/als/prdm>.

Lodging Associated with a Meeting or Seminar

Employees who stay at a hotel/motel that is holding a scheduled meeting or seminar may incur lodging expenses that exceed the rates generally considered reasonable. The higher cost may be justified in order to avoid excessive transportation costs between a lower cost hotel/motel and the location of the meeting.

Authorization for Lodging within the 50 Mile Radius

On occasion, agencies are required to sponsor conferences, trade shows, and other functions that require personnel to work at the event. Also on occasion, agencies sponsor employee retreats that require groups of employees to be present at an off-site location. In many cases, the employees involved in these activities reside or work less than 50 miles from the scheduled event site.

Agency heads are authorized to approve overnight travel for such persons who are engaged in activities as described above, provided the affected employees are required to conduct business activities at the site the following day. In addition to lodging, affected employees may be reimbursed for meals and mileage in accordance with the provisions of the Statewide Travel Regulations.

Agencies are required to keep records of all persons authorized for travel status under this provision. Such records must be maintained in a central file and must include the names of all persons approved for travel under this provision, the dates of the event, the purpose of the event, the responsibilities of the individuals approved for travel status, and the written and signed authorization of the agency head. Authorization for such travel must be done in advance of the scheduled event.

It should be noted that this provision only applies to conferences and other agency sponsored events that occur. This provision does not authorize persons to claim travel reimbursement for activities that are part of their normal responsibilities. In addition, this provision would not apply for persons who are required to attend evening meetings as part of their normal responsibilities.

Sharing Lodging

When employees on travel status share a room, reimbursement will be calculated, if practical, on a prorated share of the total cost. When a state employee on travel status is accompanied by someone who is not a state employee on travel status, the employee is entitled to reimbursement at a single room rate.

Taxes Associated with Lodging Expenses

Employees should review hotel/motel receipts to ensure that taxes have been applied correctly to their lodging expenses in accordance with the state tax laws and regulations. Employees should attempt to resolve any problems with the billing prior to checkout.

◆ Lodging paid directly by employee (personal credit card, personal check, or cash)

State and local government officials and employees traveling within the state on official business are **exempt** from paying the **county or municipal excise tax** on lodging (“hotel/motel” or “occupancy” tax). [OCGA 48-13-51 (a)(1)(C)(ii)]. Employees **are required** to pay any state/local sales and use taxes. The exemption when paying by personal credit card, check or cash applies **only** to the hotel/motel tax.

Employees are required to submit a copy of the hotel/motel tax-exemption form when they register at a hotel/motel. A copy of this form is provided in [Appendix A](#). This exemption does not apply to employees staying at an out-of-state hotel/motel. Employees should be able to provide proper identification to document their employment as a state or local government employee.

Employees should be sure to present the hotel/motel tax-exemption form to the hotel at check-in. If the hotel refuses to accept the form at check-in, the employee should attempt to resolve the issue with hotel management before checking out at the end of their stay. If the matter is not resolved by the time the employee checks out, the employee should pay the tax. The employee should explain the payment of the tax as an unusual expense on their travel statement.

The employee's agency is authorized to reimburse the employee for the hotel/motel tax if the employee provides the agency with the following information: employee name; date(s) of lodging, name, address, telephone number of hotel, and documentation from the hotel/motel of their refusal to omit the excise tax. The employee's agency should forward this information to the State Accounting Office by email to SAO_Reporting@sao.ga.gov (note underscore in email address: SAO_Reporting@sao.ga.gov) or by regular mail to 200 Piedmont Avenue, Suite 1604 West Tower, Atlanta, GA 30334.

◆ **Lodging paid directly by the state or local government (direct-bill, state credit card, or government check)**

The hotel/motel should not collect any taxes associated with the lodging expenses.

Resort and Other Fees

Some hotels include a charge for “resort” or other fees. These are not tax exempt fees, and should be reimbursed as an eligible lodging expense.

Lodging Expenses Incurred while Taking Leave

Employees who take annual leave while on travel status may not be reimbursed for lodging expenses incurred during the period of leave.

Required Documentation of Lodging Expenses (see also Chapter 9)

Daily lodging expenses, including applicable taxes, must be itemized on the employee travel expense statement. Employees requesting reimbursement for lodging expenses are required to submit receipts with their expense statement. In addition, any expenses that exceed the maximum reasonable rates established by the respective agency should be explained on the travel statement. Individuals responsible for approving travel expenses should review these explanations to determine whether the higher costs are justified and allowable.

Chapter 5. Travel by State-Owned or Personal Vehicles

General Provisions

The Legislature in its 2005 special session passed Senate Bill 1 EX, amending OCGA 50-19-7 and tying the mileage reimbursement rate for use of a personal motor vehicle to the rate established by the United States General Services Administration (GSA) pursuant to the Federal Travel Regulations Amendment 2005-01 as of July 1, 2005, or subsequently amended. These GSA rates are comprised of tiers based on a determination of the most advantageous form of travel (see discussion of tiers below). Advantageous use may be determined based on energy conservation, total cost to the State (including costs of overtime, lost work time, and actual transportation costs), total distance traveled, number of points visited, and number of travelers. Documentation of the determination of “advantageous use” should be retained for audit purposes.

With the advent of the Enterprise Rent-a-Car contract for operation of the DOAS Interagency Motor Pool, particular scrutiny should be given to the cost advantage of this method of travel, along with the increased accessibility of these vehicles to all geographical regions of the State, when making the determination of “advantageous use” (see also Chapter 5A).

Useful links:

General Services Administration
Car Rental Cost Comparison Tool

<http://www.gsa.gov/pov>
<http://ssl.doas.state.ga.us/vehcostcomp/>

The mileage reimbursement encompasses all expenses associated with the operation of a personal motor vehicle, with the exception of tolls and parking expenses, which are reimbursed separately.

Mileage Reimbursement Rates for Use of Personal Vehicles

Note: Mileage rates are changed only upon notification from SAO/OPB via the SAO web site; new rates should not be utilized based solely on GSA updates. See current and historical rates on separately issued document. [[“Mileage Reimbursement Rates” policy](#)]

Tier 1 Rate. When it is determined that a personal motor vehicle is the most advantageous form of travel, the employee will be reimbursed for business miles traveled at the Tier 1 rate.

Tier 2 Rate. If a government-owned (agency-owned) vehicle is available, and its use is determined to be most advantageous to the state, **OR** if it is determined that a rental vehicle (Enterprise Rent-a-Car contract) is the recommended method of travel, but a personal motor vehicle is used, the employee will be reimbursed for business miles traveled at the Tier 2 rate.

Tier 3 Rate. When a government-owned vehicle is assigned directly to an employee, but that employee utilizes a personal motor vehicle, the employee will be reimbursed for business miles traveled at the Tier 3 rate.

Determination of Business Miles Traveled

Employees may be reimbursed for the mileage incurred from the point of departure to the travel destination. If an employee departs from headquarters, mileage is calculated from headquarters to the destination point. If an employee departs from his/her residence, mileage is calculated from the residence to the destination point, **with a reduction** for normal one-way commuting miles. For the return trip, if an employee returns to headquarters, mileage is calculated based on the distance to such headquarters. If an employee returns to his/her residence, mileage is calculated based on the distance to the residence, **with a reduction** for normal one-way commuting miles. Agencies should set internal (written) policies for establishing normal commuting miles/starting point for mileage reimbursement when an employee's regular business function requires the use of a personal motor vehicle for travel from residence to multiple locations in a given day, or when an employee's "headquarters" differ from day to day.

Exceptions:

- If travel occurs on a weekend or holiday, mileage is calculated from the point of departure with **no** reduction for normal commuting miles.
- If an employee does not regularly travel to an office (headquarters) outside of his/her residence (i.e., residence is "headquarters"), the requirement to deduct normal commuting miles does not apply. Note: This exception **does not apply** to those operating under the State's telework policy.

Employees may also be reimbursed for business miles traveled as follows:

- Miles traveled to pick up additional passengers
- Miles traveled to obtain meals for which employee is eligible for reimbursement
- Miles traveled to multiple work sites

Example 1: Employee's normal commute is 15 miles one way. Employee is required to travel to job site 40 miles from headquarters. Employee drives to headquarters, then to remote site, then back to headquarters before returning home. Employee's business miles traveled are 80 miles.

Example 2: Employee's normal commute is 15 miles one way. Employee is required to travel to job site 18 miles from headquarters. Employee drives to headquarters, then to remote site, then home, which is 19 miles from remote site. Employee's business miles traveled are 22 miles, as follows: from headquarters to remote site, 18 miles; from remote site to residence, 19 miles minus 15 miles one-way normal commute.

Example 3: Employee's normal commute is 15 miles one way. Employee leaves from home to attend a conference 200 miles from the employee's residence. At the conclusion of the conference, the employee returns directly home. Employee's business miles traveled are 370 miles (400 actual miles traveled minus 30 round-trip commuting miles).

Example 4: Employee's normal commute is 15 miles one way. Employee leaves from headquarters on Monday for a remote work site 150 miles from headquarters. Employee acquires lodging 5 miles from remote work site. Employee returns to headquarters on Friday. Employee's business miles traveled are 340 miles, as follows: from headquarters to remote site, 150 miles; from remote site to lodging on Monday, 5 miles; from lodging to remote site and back to lodging Tuesday – Thursday, 10 miles each day (30 miles); from lodging to remote site on Friday, 5 miles; from remote site back to headquarters, 150 miles.

Prohibited Mileage Reimbursement

Employees are not entitled to mileage reimbursement for:

- travel between their place of residence and their official headquarters, or
- personal mileage incurred while on travel status.

Use of Agency-Owned Vehicles

Agencies that maintain a fleet of vehicles should establish internal policies and procedures consistent with state fleet management policy for employees to request, utilize, and maintain the vehicles. Employees traveling in state-owned vehicles should purchase fuel using the state contracted fuel program credit card. If the vehicle should break down while traveling, the agency responsible for maintaining the vehicle will provide for repairs and roadside assistance to the driver.

Reimbursement for Parking Fees and Tolls

Agencies may also reimburse employees who incur parking and toll expenses while on official travel for the agency. These expenses are reimbursable for travel in both state-owned and personal vehicles.

While there are no maximum limits for parking, employees are encouraged to utilize low-cost, long-term parking to minimize the cost.

Required Documentation of Mileage, Parking, and Toll Expenses (see also Chapter 9)

All requests for reimbursement of mileage, parking, and toll charges must be documented on the employee travel expense statement.

Employees traveling by personal vehicles and requesting reimbursement must record the actual odometer readings on the expense statement. Personal/commuting mileage is then excluded to determine the actual state-use miles. Employees should claim mileage based on the most direct route from the point of departure to the destination. Deviations from the most direct route (i.e., due to field visits, picking up passengers, etc.) should be explained on the travel expense statement.

Requests for reimbursement of parking fees and tolls paid should also be recorded on the travel expense statement. Employees are expected to obtain receipts for these expenses. If it is not possible to obtain a receipt, then a written explanation should be included on the expense statement.

Employees who share a state-owned or personal vehicle with another employee and do not claim reimbursement for mileage should indicate the name of the person they rode with and the dates of the trips on the travel expense statement.

Instances in which employees utilize state-owned aircraft should also be noted on the travel expense statement.

Chapter 5A. Capitol Hill Motor Pool / Instate Car Rental

General Provisions

Effective May 7, 2007, a statewide motor pool was created through a contract with Enterprise Rent-a-Car. It is anticipated that payment for the rental of such vehicles will be made by the employing organization, rather than by the individual employee, and, as such, will not be subject to reimbursement under these Statewide Travel Regulations. Also, an Enterprise Fuel Card will be issued to renters utilizing the Capitol Hill location. Fuel charges made on this card will be billed in the same manner as the car rental. Employees not qualifying for use of the Fuel Card (those renting at locations other than Capitol Hill) will be reimbursed for gasoline purchases associated with the business use of such vehicle, provided appropriate receipts are included. Motor pool vehicles under State contracted rates are restricted to use for **State Business Purposes Only**.

Expenditures for the rental and fueling of motor pool vehicles should be charged to Travel subaccounts 640006 and 640009, respectively, regardless of the method of payment (reimbursement or direct billing). In the case of direct billing, each rental/fuel charge must be associated with the applicable employee in order to properly report travel-related expenditures to the Department of Audits and Accounts for their annual compilation report. When multiple employees share a rental vehicle, the costs may be assigned to a single individual.

Chapter 6. Travel by Commercial or Public Transportation

General Provisions

When commercial transportation is necessary, employees may be reimbursed for the expenses incurred. Employees will be reimbursed for actual expenses incurred, provided the appropriate steps were taken to obtain the lowest possible fare or cost.

Travel by commercial or public transportation must be approved by authorized agency personnel prior to the date of travel. When considering such a request, designated personnel should consider the distance to be traveled, the travel time, and the cost.

Commercial Air Transportation

Employees should utilize commercial air transportation when it is more cost effective and efficient to travel by air than by vehicle. Under such circumstances, state agencies may reimburse employees for expenses incurred for air travel, provided these expenses were approved prior to the date of travel. Employees who choose to travel by personal vehicle when air travel is more cost effective should only be reimbursed for the cost of the lowest available airfare to the specified destination.

Employees who require air travel should obtain the lowest available airfare to the specified destination, which may include the use of the Internet, a travel agency, or the State airfare contract. The State Purchasing Office of the Department of Administrative Services has contracted with airlines for various travel destinations. Employees should refer to the statewide contract when making travel arrangements. Airfares included in this contract may be accessed through the following address:

http://ssl.doas.state.ga.us/PRSapp/PR_StateWide_contract_menu.jsp

Employees who utilize the state airfare contract may purchase their tickets through a travel agent. Employees should use electronic ticketing to avoid any surcharge associated with hard-copy tickets. Tickets may be purchased using a state issued corporate charge card, state purchasing card, personal credit card (on an as-needed basis with prior approval of employer) or through invoicing by a travel agent.

Many travel agencies now charge small fees for issuing tickets. These fees, if reasonable, are part of the cost of travel. Employees may, therefore, be reimbursed for such costs, regardless of whether the airfare tickets were purchased through the State airfare contract or not.

Travel agencies used for making travel arrangements should not be related to the employee making, authorizing, or approving the arrangements. The travel agencies should also not be related to the employee actually traveling. A “related” party would include any members of the employee’s family or any organizations in which the employee or his/her family members have a financial interest. The purpose for not using such travel agencies is to maintain the State’s integrity in financial matters. It is important that the actions of all State employees be above reproach.

In general, it is the State’s policy that state officials or employees traveling by commercial air carrier travel in the most cost-effective manner and utilize the lowest possible coach fares. Officials or employees traveling by commercial air carrier will not be reimbursed for the portion of non-coach (first class, business class, etc.) airfare that exceeds the cost of the lowest, available fare on the same flight unless:

- There is no other space available on the needed flight;
- A licensed medical practitioner certifies that because of a person’s mental or physical condition, specific air travel arrangements are required; or
- The Commissioner of Public Safety certifies that specific air travel arrangements are necessary for security reasons.

It is the responsibility of agency officials to obtain necessary medical certifications for any employee that requires special air travel arrangements due to a medical condition. Agency officials should also obtain information specifying the expected length of time such condition would have an impact on travel needs. State agencies should maintain such information in a manner that would enable the auditors to readily determine who is subject to these special travel provisions.

Upgrades to Non-Coach Travel

State officials or employees may, at any time, use personal frequent flyer miles or similar programs to upgrade to non-coach travel. In addition, nothing in this policy shall preclude a state official or employee from personally paying for an upgrade to non-coach travel.

For purposes of conducting official state business, state officials or employees may negotiate or arrange for upgrades to non-coach travel with individual commercial carriers if:

- The flight is international and over five hours in duration; and
- The carrier agrees not to charge any additional cost to the state.

Indemnification Received Due to Travel Inconveniences Imposed by Airlines

Occasions may arise when airlines overbook, change, delay or cancel flights, thereby imposing travel inconveniences on their passengers. In these instances, airlines often offer the impacted passengers indemnification for these inconveniences. Examples of indemnification that may be offered by an airline include vouchers for meals or lodging, upgrades to non-coach travel, and credits toward future flight costs. State employees are authorized to accept such indemnification if the travel inconvenience was imposed by the airline and there is no additional cost to the state.

Out-of-State Rental of Motor Vehicles

The use of commercially leased vehicles when traveling out of State will be left to the discretion of agency personnel responsible for authorizing travel. Employees requiring the use of commercially leased vehicles may obtain their vehicles through the state contracted rental agency according to the conditions of the statewide contract issued by the State Purchasing Office of the Department of Administrative Services. This contract is available on the Internet at the following address:

http://ssl.doas.state.ga.us/PRSapp/PR_StateWide_contract_menu.jsp

Employees are also encouraged to contact travel agencies to identify the lowest available rates. Employees who are able to obtain lower rates through other companies should use these other companies to rent their vehicles.

Employees traveling on State business in a rented motor vehicle are covered by the State's liability policy; therefore, liability coverage should be declined when renting a motor vehicle.

Loss Damage Waiver/Collision Damage Waiver (LDW/CDW) insurance is included in the statewide contract at no additional cost. Contact DOAS Risk Management Services for more information.

Employees requiring the use of commercially leased vehicles will be reimbursed for gasoline purchases associated with the business use of such vehicle, provided appropriate receipts are included.

Travel by Railroad

State agencies may reimburse employees for the actual cost of rail transportation, provided the appropriate personnel authorized the travel expense in advance. Employees traveling by rail are encouraged to obtain the lowest possible fare. There is not a statewide contract for transportation by rail.

Travel by Mass Transportation, Taxi, or Airport Vans

Employees officially on travel status may be reimbursed for necessary costs of transportation by bus, taxi, or airport vans for the following situations:

- Between the individual's departure point and the common carrier's departure point;
- Between the common carrier's arrival point and the individual's lodging or meeting place; and
- Between the lodging and meeting places if at different locations.

It is expected that airport vans will be utilized when available and practical, and when they are the lowest cost alternative.

Required Documentation of Expenses (see also Chapter 9)

All travel by rented or public transportation must be recorded on the employee travel expense statement. Employees requesting reimbursement must submit receipts for travel by commercial air carrier or railroad and for the cost of rented vehicles, including the cost of gasoline purchased. Although receipts are recommended, employees are not required to submit receipts for travel by mass transportation, taxi, or airport vans. However, a point-to-point explanation is required for each item reimbursed. All transportation expenses should be itemized on the employee travel expense statement.

Chapter 7. Miscellaneous Travel Expenses

Telephone/Telegraph/FAX Expenses

Employees may be reimbursed for expenses incurred for work related telephone, telegraph, and FAX messages. Employees must document these claims on the travel expense statement, and indicate the location from which each call was made, the person contacted, and the reason for the communication. Personal calls made while on travel status are not reimbursable.

Internet Usage Charges

Employees may be reimbursed for work-related internet usage charges. These charges should be separately identified on the itemized hotel/motel bill, but should **not** be listed on the travel reimbursement request as “lodging;” rather, these charges should be included in the “voice/data communications” section of the travel expense form.

Stationery/Supplies/Postage Expenses

Reimbursement for stationery, supplies, stenographic, or duplicating services may be reimbursed, provided the expense is directly associated with a work related project and the cost is reasonable. In addition, work related postage expenses may be reimbursed. Employees requesting reimbursement for these expenses must document actual expenses on the travel statement and explain the purpose for these expenses. Receipts/invoices should accompany the travel expense statement.

Baggage Handling Services

Employees may be reimbursed for reasonable expenses associated with baggage handling services (portage) when an expense is actually incurred in moving luggage into or out of lodging places, common carriers, and/or airports.

Registration Fees

Registration fees required for participation in workshops, seminars, or conferences that an employee is directed and/or authorized to attend will be allowed when supported by a paid receipt or a copy of the check showing payment. Any part of a registration fee applicable to meals will be reported as a meal expense, and not as a registration fee, if the costs can be separately identified.

Visa/Passport Fees

When travel required by an employer necessitates the use of a passport and/or visa, and the employee does not currently possess such valid document(s), the related visa/passport fee is eligible for reimbursement when documented by a receipt.

Unallowable Expenses

The following expenses are not reimbursable unless specific legal authority has been established:

- Laundry (allowable when overnight travel exceeds seven (7) consecutive days)
- Tipping for maid services
- Valet services for parking, when self-parking options are available
- Theater
- Entertainment
- Alcoholic beverages
- Visa/passport fees (except as noted above)
- Bank charges for ATM withdrawals

Chapter 8. Corporate Charge Cards and Travel Advances

General Provisions

OCGA 45-7-25 and 45-7-26 authorize the payment of travel advances to employees of all state agencies, commissions, and authorities. State law also charges the Director of the Office of Planning and Budget with the responsibility for developing the necessary rules, regulations, and procedures to govern travel advances and to provide for proper and timely accounting of state funds advanced to employees once the employees have returned from travel status. The Office of Planning and Budget OPB Policy Memorandum No. 1 (Revision 3, 2006) addresses travel advances. The information provided in this chapter summarizes this policy statement.

In general, each agency is authorized to set specific policies and procedures regarding travel advances, provided the policies and procedures do not conflict with any regulations addressed in the remainder of this chapter.

Purpose of Travel Advances

The purpose of travel advances is to minimize the financial burden on employees while traveling on behalf of the State. This objective can be accomplished either by the issuance of corporate charge cards or by cash advances to the employees.

Corporate Charge Cards

Corporate charge cards may be issued to eligible employees upon approval by the agency head or his designee and the company issuing the corporate charge card. Corporate charge cards are beneficial because they:

- Reduce the employee's and the agency's cash flow by minimizing the need for cash advances;
- Reduce the frequency of reimbursements for travel expenses;
- Require no annual membership fee or finance charges if paid within the terms of the agreement;
- Provide emergency cash to the employee;
- Eliminate the need for the agency to direct pay airline tickets, travel agencies, and car rental agencies;
- Provide guarantee for hotel rooms and other services requiring a deposit; and
- Provide the agency with various financial reports regarding employee travel expenses.

Corporate charge cards are issued directly to the employee, and the employee pays all expenses charged to the corporate charge card. Therefore, there is no liability to the State or an agency, even if the employee defaults.

Employees who are issued corporate charge cards are authorized to use the charge cards for business purposes only.

Authority to Advance Cash for Travel

Since corporate charge cards are now available to employees, state agencies should minimize the use of cash advances. However, agency personnel should still consider issuing cash advances for the following circumstances:

- For justifiable reason(s), the employee has not received a corporate charge card;
- For employees who generally do not travel and are making a one time trip; or
- For special exceptions approved by the agency head.

The head of each agency, or other designated official, is authorized to advance state funds to employees traveling on behalf of the State. Funds may be advanced for anticipated subsistence (meals and lodging), as well as for mileage and other transportation costs which are reimbursable under these travel regulations. Travel advances are not required by state law or by these regulations, but are left to the discretion of each agency head.

Approval of Cash Advances for Travel

Agency heads, or their designees, are required to specifically authorize each cash advance made to an employee. The written authorization for a cash advance should be included on the travel advance authorization form (see [Appendix A](#)). This form should also be signed by the employee to document that the cash advance was received.

Amount of Cash Advance

Each agency may establish its own policies regarding cash advance limits. Agencies should consider the nature and probable duration of the travel when determining cash advance limits. The amount of a cash advance shall be related to the estimated cost of travel, as outlined on the travel authorization form, but shall be held to a minimum and allowed only when the agency head determines that an advance is warranted.

Employee and Agency Accountability of Funds Advanced

Each employee receiving a cash advance shall sign and date the travel advance authorization form acknowledging receipt of the funds. All employees are fully responsible for funds advanced to them and shall account for the funds in accordance with the Statewide Travel Regulations. Employees are liable for any advanced funds that are lost or stolen.

Neither state law nor these regulations, however, in any way relieve the agency head from the responsibility of accounting for all funds expended for travel purposes.

Recovery of Cash Advances Made for Specific Trips

When the actual travel expenditures reported on the travel expense statement exceed the amount of the cash advance, the employee shall be reimbursed for the additional travel costs incurred.

Cash advances for specific trips shall be recovered under the following three circumstances:

- When the actual travel expenditures reported on the travel expense statement are less than the amount of the cash advance, the employee shall reimburse the agency for the difference. This reimbursement shall be made at the same time that the travel expense statement is submitted;
- In the event of cancellation or indefinite postponement of authorized travel, any cash advances which were made shall be refunded immediately; and
- Outstanding travel advances should be recovered from terminating employees. Each agency head shall establish procedures to ensure that terminating employees do not have outstanding cash advances and have turned in their corporate charge cards.

Recovery of Cash Advances for Continuous Travel

For cases in which an employee is in a continuous travel status and has been given a blanket routine travel authorization, the full recovery of any cash advance is not required until the employee is removed from continuous travel status. Both the employee and his agency head shall be responsible for ensuring that the cash advance does not exceed the expected travel expenses for one pay period. Travel expenses incurred during each pay period shall be reported on the travel expense statement and submitted at the end of the period. Any reimbursement of funds to the employee must not increase the outstanding cash advance above the authorized amount.

Chapter 9. Reimbursement Procedures

Required Documentation of Travel Expenses

Employees requesting reimbursement for travel expenses are required to submit their claim to authorized personnel on the employee travel expense statement. A copy of the standard travel expense statement may be found on the Team Georgia web site (<http://team.georgia.gov>); see also [Appendix A](#). Agencies are authorized to make revisions to the standard form. However, all revisions must be approved by the State Accounting Office and the Office of Planning and Budget.

Requests for reimbursement should include the following information:

- Itemized expenses for authorized meals, lodging, mileage, transportation, and miscellaneous expenses. The types of expenses which are authorized and the allowable limits are discussed in chapters three through seven;
- Explanation of any expenses which exceed the established limits and of any unusual expenses;
- Explanation of the purpose for the trip; and
- Description of the type(s) of transportation used.

Employees are required to sign their travel expense statement, attesting that the information presented on the form is accurate. Employees who provide false information are subject to criminal penalty of a felony for false statements, which is subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years.

Employees are also required to submit receipts for the following expenses:

- Meals purchased in lieu of those provided at conference/training
- Lodging,
- Airline or Railroad Fares,
- Rental of Motor Vehicles,
- Gasoline purchased for Rental Vehicles,
- Supplies,
- Registration Fees, and
- Visa/Passport Fees.

Receipts for parking, tollway, mass transit/taxi/airport vans, and communications expenses are recommended. However, if receipts are not available, employees are required to include an explanation of the expense on the travel expense statement. Receipts for meals are not required, except as noted above.

Frequency of Reimbursement

Agencies should reimburse employees for travel expenses at least semi-monthly.

If an agency elects to reimburse on a monthly basis, the agency should have a provision to immediately reimburse any claim that exceeds \$200. Otherwise, the agency should allow the employee the right to obtain a travel advance if requested by the employee.

Responsibility of Agency

Each agency head should designate a person (or persons) responsible for examining and approving claims for reimbursement under these travel regulations. Claims should be reviewed to ensure they are reasonable, accurate, and only cover expenses that were actually incurred by the employee. Claims that exceed the established limits should be reviewed more closely to ensure the explanations are sufficient to justify the higher expenses. Employees should not assume that all expenses that exceed the authorized limits and are explained on the travel expense statement will be automatically approved.

The accounting review process for approving travel expense statements will be left to the discretion of each agency.

Chapter 10. Exceptions to Travel Regulations

General Provisions

Sometimes unusual circumstances may arise that require employees to incur travel expenses that are not reimbursable under the current travel regulations. When this occurs, the agency head or other designated official may request an exception to the travel regulations, for the purpose of reimbursement.

Agencies should not consider approved exceptions to be a blanket waiver of the travel regulations. Exceptions are only granted for an individual or individuals participating in a scheduled event, and are only allowable for the specified dates of the event.

Agencies are encouraged to request exceptions for unusual travel circumstances, as needed. Agencies that deviate from the travel regulations, without receiving written authorization, could be cited in the annual reports issued by the Department of Audits and Accounts.

Procedures for Requesting Travel Exceptions

Agencies requesting travel exceptions should submit their request in writing to the State Accounting Office. All written requests must be from the agency head or other designated official and must be submitted prior to the expected travel date. All written requests should include the following:

- The name(s) of the person(s) for which the exception is requested,
- An explanation of the purpose of the trip,
- An explanation of the types of expenses to be incurred, and
- The anticipated travel dates.

Note: Exceptions granted under these provisions apply only in circumstances in which an employee will incur expenses. See separate policy on group meals purchased by the employer.

Approval/Denial of Travel Exceptions

The State Accounting Office and the Office of Planning and Budget are responsible for approving or denying all requests for travel exceptions. Written documentation will be submitted to the agency indicating whether the request was approved or denied.

Travel Exceptions for Emergency Personnel

On occasion, agency personnel who are responsible for responding to emergency situations regarding public health and safety are called out after normal working hours and on weekends, or are required to work hours which far exceed the number of hours in a normal work day. Examples of such emergency situations may include: bioterrorism threats, arson investigations, gas leaks, or prisoner escapes. Given the nature of these jobs and the requirements placed upon such personnel during emergency situations, it may be appropriate for agencies to reimburse emergency personnel for certain meals and mileage incurred by personnel when they are responding to emergency situations.

State organizations may request a general authorization from the State Accounting Office and the Office of Planning and Budget to reimburse such personnel for certain meals and mileage incurred whenever they are required to respond to such emergency situations outside of their normal work hours. Such request must be sent to the State Accounting Office in writing, and must include the following information:

- Units within the agency that employ emergency personnel and an overview of emergency response activities;
- Titles of persons affected and a summary of job responsibilities;
- Number of persons in each job title to be covered by this authorization; and
- Frequency of emergency responses for each title (average on an annual basis).

Agencies that receive this general authorization will be permitted to reimburse emergency personnel for mileage, as appropriate, whenever authorized emergency situations occur. Employees may also be eligible for per diem allowances for meals when they are required to be on-site beyond their normal work hours (see also separate policy on group meals purchased on behalf of employees). However, in the event significant changes occur regarding the type of emergencies handled by the unit or changes in the group affected, the agency would be required to request a new authorization.

Agencies are required to retain this authorization in their files and must identify which travel expenses are directly related to this authorization. It is the responsibility of each agency to ensure that meals and mileage are paid only when appropriate. Agencies should be aware that such records will be subject to periodic review, outside the normal scope of the year-end financial audit.

Chapter 11. Compensatory Time

General Provisions

Compensatory time awarded for personal hours spent traveling should be granted according to the Office of Planning and Budget/Merit System policy and any departmental policy established under that framework.

Chapter 12. Accounting Issues

General Information

In accounting for travel-related expenses, state agencies should follow the procedures outlined in the *State of Georgia Accounting Procedures Manual* published by the Department of Audits and Accounts, as revised by the State Accounting Office. This manual may be downloaded from the State Accounting Office web site at the following address:

<http://sao.georgia.gov>.

As noted in the *Accounting Procedures Manual*, expenses incurred for meals, lodging, mileage, or transportation costs should be recorded in the agency's accounting records as travel expense. The following subaccounts should be used in order to identify the particular expense being reimbursed:

Subaccount	Description
640001	Mileage
640002	Meals
640003	Lodging
640004 (*)	Other
640005	Commercial Transportation
640006	Enterprise – In State
640007	DO NOT USE
640008	Board Members
640009	Fuel Charges for Rental Vehicles

(*) Subaccount 640004 may be used **only** when expenditures are not properly categorized in one of the other subaccounts (e.g., parking, portorage).

Reimbursements for miscellaneous travel expenses discussed in [Chapter 7](#) of the Statewide Travel Regulations should not be recorded as travel, but should be recorded in the appropriate expense account. For example, reimbursement for business telephone calls should be treated as voice/data communications expense. In addition, registration fees reimbursed to employees should be recorded in the same manner as registration fees paid directly by the agency.

Accounting for Cash Advances

Outstanding funds advanced for travel shall be accounted for as “accounts receivable” on agency balance sheets. Either account 125003 (accounts receivable - travel advances - continuous) or account 125004 (accounts receivable - travel advances - one trip) should be used, as appropriate. A subsidiary record shall be maintained for each employee who receives a cash advance. These subsidiary records shall be periodically adjusted for all travel expense statements and reimbursements.

Accounting for Travel Expenses Incurred on Behalf of Another Agency

Periodically, an employee of one state organization may, in performing specific duties for another state organization, incur travel expenses as a direct result of performing such duties. The state organization making payment of such employee travel should record these expenses in account 640208/640209 (employee travel between state organizations) and subsequently submit a listing of such expenses to the Department of Audits and Accounts for inclusion in the annual Personal Services, Travel Expense and Reimbursed Expenses Compilation Report.

APPENDIX A

Appendix A includes a copy of all standard forms associated with state travel.

The forms included in this appendix are the:

- [Employee Travel Expense Statement](#)
- [Exemption Form for Local Hotel/Motel Excise Tax](#)
- [Travel Advance Authorization Form](#)

To download copies of these forms, please return to the [introductory page](#) for the Statewide Travel Regulations.

STATE OF GEORGIA EMPLOYEE TRAVEL EXPENSE STATEMENT (Please type or print)

Towns County Schools

For period from _____ **thru** _____

NAME				TITLE		HEADQUARTERS (City) _____ (County) _____ (State) _____			
BUSINESS PHONE		RESIDENCE (Street) _____ (City) _____ (County) _____ (State) _____ (ZIP Code) _____							

DATE	Depart Time	Arrival Time	BREAKFAST		LUNCH		DINNER		MEALS - DAILY TOTALS			LODGING	
			Location	Amount	Location	Amount	Location	Amount	Total	Overage	Allowed	Location	Amount
TOTALS FOR EACH CATEGORY													

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state use mileage in the discharge of my official duties for the state."

Signature _____ Date _____

Approved _____ Date _____

STATE USE MILEAGE 0 MILES AT 0.55 CENTS PER MILE
(Must be supported by automobile mileage record on back)

TOTAL MEALS (Amount allowed)
 TOTAL LODGING (Attach lodging receipts)
 OTHER TRAVEL EXPENSES (Detailed on back)
 COMMERCIAL TRANSPORTATION (Detailed on back)
 MISCELLANEOUS EXPENSES (Detailed on back)

TOTAL APPROVED EXPENDITURES

\$

ACCOUNTING USE ONLY

VENDOR ID				TERMS		ORGANIZATION NO			PAYMENT HANDLING			PAYMENT METHOD			VOUCHER ID			
												Check						
ACCOUNT		AMOUNT					DESCRIPTION											
640001							TRAVEL-MILEAGE											
640002							TRAVEL-MEALS											
640003							TRAVEL-LODGING						# of Nights Out:			PCOA		
640004							TRAVEL-OTHER											
640005							TRAVEL-COMMERCIAL TRANSPORTATION											
							MISCELLANEOUS EXPENSES											
TOTAL																		

of Nights Out: **PCOA**

DATE	ORIGIN - - POINTS VISITED	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE	
	0							
		TOTAL AMOUNTS						
PERSONAL CAR		DEPARTMENT CAR		DOAS CAR		OTHER TYPE TRANSPORTATION		
Ga. Tag No.		I. D. No.		I. D. No.		STATE AIRCRAFT	DATE	
State Use Miles		Total Miles		Total Miles		COMMERCIAL AIRCRAFT	DATE	
EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS:						OTHER (SPECIFY)	DATE	
PURPOSE OF TRIP:								
EXPLAIN TELEPHONE CHARGES:								
DATE	COMMERCIAL TRANSPORTATION - COMMON CARRIER, TAXI, LIMOUSINE	AMOUNT	DATE	TRAVEL - OTHER TIPS, PARKING	AMOUNT	DATE	MISCELLANEOUS EXPENSES	AMOUNT
COMMERCIAL TRANSPORTATION TOTAL			TRAVEL-OTHER TOTAL			MISCELLANEOUS TOTAL		
Enter each total in appropriate line of expense section on front side.								
If transportation was shared, indicate date, origin/destination, mode and name of person traveled with:								
DATE	ORIGIN / DESTINATION	MODE OF TRAVEL		PERSON TRAVELED WITH				

ATTENTION: GEORGIA HOTEL AND MOTEL OPERATORS

On April 2, 1987, Act Number 621 amending Official Code of Georgia Annotated Section 48-13-51 became effective. This Act provides that Georgia State or local government officials or employees traveling on official business should not be charged county or municipal excise tax on lodging. Sales tax is not exempted under the current sales tax law, since the payment of hotel/motel bills by an employee is not considered to be payment made directly by a State agency from appropriated funds. Upon verification of the identity of the State official or employee identified below, Georgia hotel and motel operators are authorized to exempt the individual from any applicable county or municipal lodging excise tax. Sales tax, however, should continue to be charged.

A copy of this certification should be maintained with your tax records to document the individual's status as a state official or employee traveling on official business. If you have any questions, please contact the accounting or fiscal office of the Department or agency employing the individual identified below.

STATE OF GEORGIA CERTIFICATE OF EXEMPTION OF LOCAL HOTEL/MOTEL EXCISE TAX

CERTIFICATION

This is to certify that the lodging obtained on the date(s) identified below was required in the discharge of my official duties for the State and qualifies for exemption of the local hotel/motel excise tax under Official Code of Georgia Annotated Chapter 48-13 (as amended by Act 621, Georgia Laws 1987).

Signature of Official or Employee _____ Date _____

P R I N T O R T Y P E

Name of Official or Employee _____

Title of Official of Employee _____

Agency Represented Towns County Board of Education

Myra Underwood-

Accounting/Fiscal Office Contact Finance Director Phone No. 706-896-2279

Date(s) of Lodging _____

CONTRACTED SERVICES

Professional Learning Form 10 should be completed when contracted services are a part of the professional learning activity.



Towns County Schools
Professional Learning Program
Contracted Services
PL Form 10

Directions: 1) Submit this form to the Professional Learning Director prior to planned activity; 2) Attach a Professional Learning Program Budget Form (PL Form 3) to this form.

Upon approval, the appropriate forms will be forwarded to you for documentation of the activity. Please return the forms to the Professional Learning Director upon completion of the activity.

Name: _____ Social Security #: _____

Address: _____

said individual will _____

(Type of Service)

for the Towns County School System. This service will begin approximately _____

and end approximately _____.

Upon completion of the service and all required plans, documents, forms, etc., completed to the satisfaction of the team leader or coordinator, the Towns County Board of Education agrees to pay \$_____.

Signature: _____

Date: _____

Professional Learning Director

Dr. Richard Behrens, Superintendent

INDIVIDUAL LEARNING LOG

The Individual Professional Learning Log

In an effort to provide additional opportunities for professional learning credit, Towns County Schools has approved the implementation of the **Individual Learning Log**. The **Individual Learning Log** can be used to document reflections and evidence from learning experiences that do not fit into the typical PLU course format. Examples of learning experiences that may be documented in your log include the following:

- Full-day or half-day workshops, seminars, conferences that are non-credit *
- Local school team meetings that are non-credit * where student work is examined, lesson design/teaching strategies are explored, etc.
- District office meetings that are non-credit * and include embedded learning activities
- Peer observations, peer coaching and mentoring that is non-credit *
- Study groups, book studies that are non-credit *

The **Individual Learning Log** has been designed for documentation of professional learning opportunities that we seldom record for credit. **Using this log is OPTIONAL.**

If you choose to, begin documenting informal learning experiences for professional learning credit. For every ten (10) hours of documented learning experiences you can earn one (1) Professional Learning Unit (PLU).

The **Individual Learning Log** may be turned in to Aundrea Wilson in the following formats:

- Individual PLUs – after the completion and documentation of at least 10 contact/learning hours
- Quarterly – on October 1; February 1; or June 1
- Yearly – on June 1

Regulations:

Your administrator/supervisor must sign and approve each log that is submitted to the Professional Learning office for verification and posting on your PLU transcript. If the form is sent to the Professional Learning office electronically, your administrator also must send an email indicating that the log has been reviewed and approved at the local school or department level. The State Department of Education prohibits the awarding of partial credit. For example, an educator may accumulate 23 hours of documented and verified learning, but only two (2) PLUs may be awarded (increments of 10 hours accepted). If you have any questions or need more information, contact Aundrea Wilson.

* Non-credit experiences are professional learning experiences that do not otherwise award PLU credit, through a school-wide or department-wide group sign-in/roster or through an outside agency. The learning log is not eligible for use in an otherwise credit-bearing course where insufficient attendance results in loss of credit being earned.



Towns County Schools INDIVIDUAL LEARNING LOG

It is the responsibility of the individual to maintain this log. Lost logs may result in lost credit!

Name: _____ SSN: _____ School/Department: _____

*This log allows you to capture reflections and evidence from learning experiences that do not fit into the typical PLU course format and are less than 10 hours each.
Using this log is optional. You may not include any learning experience that has been or will be submitted for PLU credit.*

Learning Activity	Instructor/Facilitator	Date	Location	# Of Hours	Instructor/Facilitator Signature
Total Hours					

Check all that apply: _____ Field of Certification _____ School/System/Individual Improvement Plan
_____ Annual Personnel Evaluation _____ State/Federal Requirement

A Learning Log Documentation and Evidence Form must be attached for each activity listed. Logs will not be accepted or approved without attached documentation and evidence. After receiving administrator or supervisor approval, turn in completed logs to PROFESSIONAL LEARNING. Logs can be submitted once at the year end - June 1- to Aundrea Wilson, Professional Learning Director

The Individual Learning Log should be turned in after the completion and documentation of contact/learning hours **(in increments of 10 hours)**. Please keep a copy of the log and documentation for your personal files.

I verify that the above activities were completed by the named participant and I have personal knowledge of this participant's implementation of learning.

Employee's Signature Date

Supervisor's Signature Date

For Professional Learning Use:	
Approval: _____	PLUs _____
Signature: _____	

LEARNING LOG DOCUMENTATION/EVIDENCE FORM

NAME: _____ SSN: _____

SCHOOL/DEPARTMENT: _____ DATE SUBMITTED: _____

This log allows you to capture reflections and evidence from learning experiences that do not into the typical PLU course format. Using this log is OPTIONAL. You may not submit any learning experience that has been or will be submitted on a sign-in roster for PLU credit.

LEARNING EXPERIENCE- Describe the learning experience. Include the title or topic of the activity and pertinent details.**PURPOSE** - Why did you participate in this learning experience? How does it align with your professional goals, School Improvement Plan, district/state standards, and/or your area of certification?**REFLECTIONS ~ RESULTS**

There are 5 level of professional learning evaluation:

1. Participant Reaction 2. Participant Learning 3. Organizational Change & Support of Participant Learning 4. Participant Use
5. Student Learning

Answer EACH of the following questions when responding:

- * What did you learn from this experience?
- * What did you not learn that you wish you had learned?
- * How will you use the information?
- * How will your learning affect your school, grade level, or department?
- * How will your learning impact student learning?
- * Did the experience meet your expectations? Why or Why not?

TIME DEVOTED TO THE LEARNING EXPERIENCE

Please provide the total number of contact hours.
(10 Contact hours = 1 PLU)

LIST ATTACHED EVIDENCE

You must attach evidence and documentation including an agenda or program AND lesson plans or student work samples, etc.

LEARNER'S SIGNATURE

I understand the PLU credit is not issued until the log is reviewed and approved by my administrator and the Professional Learning Director.

ADMINISTRATOR/SUPERVISOR SIGNATURE**PROFESSIONAL LEARNING DIRECTOR'S SIGNATURE****APPROVAL DATE/ NUMBER OF PLU CREDITS AWARDED**

Appendix



Towns County Schools
Prior Approval Request Form
Professional Learning Leave
PL Form 1

Participant Directions: 1) Complete all information below; This form should be completed by the participant for approval at least 2 weeks prior to the activity. 2) Submit this form and the completed activity registration form to the Professional Learning Coordinator. Note: Travel expenses may not be reimbursed without prior authorization. This form is ONLY for professional learning leave.

Name of Applicant: _____ SSN: _____ - _____ - _____

Please check appropriate school:

- ☐ TCES ☐ TCMS
☐ TCHS ☐ System Personnel

Please check appropriate position:

- ☐ Administrator ☐ Teacher
☐ Paraprofessional ☐ Office Staff
☐ Custodial Staff ☐ Other

Activity Title: _____

Activity Location: _____ Registration Deadline: _____

Requested Leave Date(s): _____

PLU Credit: ☐ Yes ☐ No Number of PLU's: _____

Substitute Needed: ☐ Yes ☐ No Days Needed: _____

Check Related System Goals:

- | | |
|--|---|
| ☐ Increase student achievement in all content areas | ☐ Expand the use of alternative assessment |
| ☐ Increase technology application in the classroom | ☐ Utilize data to improve instruction & increase student achievement |
| ☐ Maintain a safe learning environment | ☐ Standards-based instruction |
| ☐ Standards-based instruction | |

Registration Fee: ☐ Yes ☐ No

Amount to be Paid: \$ _____

Overnight travel expenses? ☐ Yes ☐ No

Travel and lodging reservations are the responsibility of the participant. Use tax exempt forms at hotel check-in. Hotel cost allowance is \$150.00 per night.

Please include estimated cost of lodging, food, and mileage:

Food \$ _____

Mileage \$ _____

Lodging \$ _____

FOR OFFICE USE ONLY:

Funding Source for Registration Fee: Purchase Order Number: _____

☐ Professional Learning ☐ Title I ☐ Title II A ☐ Title II D ☐ Special Education ☐ Other: _____

Funding Source for Substitute:

☐ Professional Learning ☐ Other: _____

Funding Source for Travel Expenses:

☐ Professional Learning ☐ Title I ☐ Title II A ☐ Title II D ☐ Special Education ☐ Other: _____

Required Signatures:

Participant's Signature

Date

Supervisor/Administrator Approval

Date

Professional Learning Director Approval

Date



Towns County Schools
Professional Learning Program
Professional Learning Program Description
PL Form 2

Directions: 1) Submit this form to the Professional Learning Director prior to each planned activity; 2) Attach a Professional Learning Program Budget Form (PL Form 5) to this form.

Upon approval, the appropriate forms will be forwarded to you for documentation of the activity. Please return the forms to the Professional Learning Director upon completion of the activity.

Program Title: _____ # of PLUs: _____

School: ☐ TCES ☐ TCMS ☐ TCHS Submitted by: _____

Instructor(s): _____

Location: _____

Projected Date(s) and Time(s): _____

Alignment:

1. Include a statement indicating how this program or activity relates to a system academic goal.
OR
Include a statement indicating how this program or activity relates to your school improvement plan.
2. Provide a list of intended outcomes for the program or activity.
3. Describe how the attainment of those outcomes will be verified or assessed.
4. In order for the program or activity to be effective, follow-up is necessary. What activities or processes are planned for follow-up?

Needs Addressed	Intended Outcomes	Evaluation/Measurement of Outcomes	Follow-up Activities to Ensure Successful Implementation
			Check one: ☐ Mastery Verification-Prepared Phase/Contact Hrs. Completed ☐ On-the-Job Assessment

Target Audience: _____ # of Participants: _____

Training will be conducted as:
☐ Individual Activity
☐ Group Activity
☐ Certification Renewal
☐ Local System Requirements
☐ Other

Check categories for which this PLU credit applies:
☐ Field(s) of Certification
☐ Annual Personnel Evaluation
☐ State/Federal Requirements
☐ System Plan
☐ School Plan
☐ Individual Improvement Plan

Professional Development Stipends: ☐ Yes ☐ No

PLU Credit: ☐ Yes ☐ No # of PLU Credits: _____

OFFICE USE ONLY

☐ Approved ☐ Denied

Professional Learning Director Signature _____

Date _____



TOWNS COUNTY SCHOOLS
Professional Learning Program
Itemized Budget for School or System-Based Activity

PL Form 3

Directions: Submit this form along with a Professional Learning Program Program/Description Form (PL Form 2) to the Professional Learning Director prior to the scheduled activity. Do not conduct the activity prior to receiving approval from the Professional Learning Director.

School Name: _____

Description of Activity: _____

Dates of Activity: _____ Total Contact Hours: _____

Instructor: _____ Location: _____

Source of Funds: ☐ Professional Learning

☐ Title I

☐ Title IIA

☐ Title IID

☐ Other: _____

Code	Object	Sub-Object	Line Item Name	Cost	Total
2210	800	810	Registration	\$	\$
2210	800	890	College Classes	\$	\$
2210	700	730	Equipment over \$1000	\$	\$
2210	700	734	Computers over \$1000	\$	\$
2210	500	580	Travel	\$	\$
2210	100	116	Stipend	\$	\$
2210	100	113	Substitute	\$	\$
2210	200	220	Substitute – FICA	\$	\$
2210	300	300	Purchased Professional Service (Consultant)	\$	\$
2210	500	595	Other Purchased Services (Facility Rental)	\$	\$
2210	600	610	Supplies	\$	\$
2210	600	612	Software	\$	\$
2210	600	615	Expendable Equipment (under \$5000)	\$	\$
2210	600	616	Expendable Equipment (over \$5000)	\$	\$
2210	600	642	Books	\$	\$

Principal _____

Date _____

OFFICE USE ONLY

☐ Approved

☐ Denied

Professional Learning Director

Date

PROFESSIONAL LEARNING (PL Form 4)
AGENCY: Towns County Schools

TITLE OF COURSE:

COURSE NUMBER:

DATE AND TIME:

LOCATION:

CONTACT HOURS AND PLU CREDIT:

INSTRUCTORS:

INSTRUCTIONAL AND DELIVERY STRATEGIES:

COURSE OVERVIEW:

GOALS: Participants will learn how to:

- 1.
- 2.
- 3.

IMPROVEMENT PRACTICES: Upon completion of the training, participants will be able to:

- 1.
- 2.
- 3.

COMPETENCIES TO BE DEVELOPED: Participants completing the training will:

- 1.
- 2.
- 3.

PERFORMANCE INDICATORS:

- 1.
- 2.
- 3.

COURSE EVALUATION:

PROFESSIONAL LEARNING SIGN-IN SHEET (PL Form 5)



TOWNS COUNTY SCHOOLS
Professional Learning Program

Mastery Verification Form
PL Form 6

Please note that only one method of assessment is needed. Choose an On-the-Job Assessment or Mastery Verification.

Name: _____ Date: _____

SSN: _____ School: _____

Title of Activity: _____

Training Agency & Instructor: _____

Date(s) of Coursework: _____

Number of Contact Hours: _____ Number of PLU's: _____

Check the categories for which this PLU credit applies:

_____ Field(s) of Certification	_____ System Plan
_____ Annual Personnel Evaluation	_____ School Plan
_____ State/Federal Requirements	_____ Individual Plan

Training was conducted as:

_____ Individual Activity
_____ Group Activity
_____ Certification Renewal

Signature of Participant Date

I certify that all areas of assessment for the activity ☐ have ☐ have not been met.
I recommend that the staff member receive further professional development in the form of a PDP.
☐ Yes ☐ No

Signature of Instructor/Administrator Date

Note: Credit will not be awarded for this course until the Mastery Verification form is completed and returned back to the Professional Learning Director.



TOWNS COUNTY SCHOOLS

Professional Learning Program

On-the-Job Assessment of an Individual Activity PL Form 7

Name: _____

Title of Activity: _____ Number of PL Hours: _____

Date(s) of Observation/Assessment: _____

PARTICIPANT GOALS (How does this activity relate to school or system academic goals?)

INTENDED OUTCOMES AND/OR PROFESSIONAL PRACTICES (What is occurring in the classroom as a result of the activity?)

EVALUATION/ASSESSMENT (Describe the evidence found in the classroom which indicates that the goals and outcomes have been met. Examples can be found in lesson plans, sample student work, or formal written/oral presentation by participant for the instruction of other staff members.) **If an Assessment Rubric is used for evaluation, attach a copy of the completed rubric. All other examples should be archived at the school site by the teacher.**

What are your plans to re-deliver this information?

☐ Grade-level or department

☐ School faculty

☐ District

I certify that all areas of assessment for the activity ☐ have ☐ have not been met.

I recommend that the staff member receive further professional development in the form of a PDP.

☐ Yes ☐ No

Signature of Administrator

Date



TOWNS COUNTY SCHOOLS Professional Learning Feedback Form

PL Form 8

Program Title: _____ **Presenter:** _____

Date(s): _____ **School/Location:** _____

Position: ☐ Elementary ☐ Middle ☐ High ☐ Administrator ☐ Support Staff ☐ Classified Staff

Overall Evaluation: ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Quality of Engagement: Check the box that best indicates your level of involvement throughout most of this experience.

☐ Authentic	☐ Strategic Compliance	☐ Ritual Compliance	☐ Retreatism	☐ Rebellion
<i>I was very involved in this learning experience most of the time. The activities were designed in ways that appealed to the various ways that I best learn such content. The content will be valuable to me and to my school or department or school system.</i>	<i>I participated in this learning experience throughout the time allotted. I believe attendance at this seminar/workshop/course is part of what others expect of me.</i>	<i>I was in attendance throughout the session(s). I have made some contributions, but nothing significant.</i>	<i>Although I was present during the learning experience, I did not always clearly focus on the content, presentations or discussions. Most of the time, my attention was on other matters.</i>	<i>Throughout this learning experience I found ways, other than the planned activities, to occupy my time and attention. I chose to derail some of the work during the seminar/workshop/course.</i>

Evaluate the quality of the professional learning activity by checking whether you strongly agree, agree, are undecided, disagree, or strongly disagree with each of the statements below:

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The activity objectives were related to my educational concerns.					
2. The activity objectives were related to practical educational application in my specific job setting.					
3. The activity had some outstanding components which were unique or innovative.					
4. Presentations were well organized.					
5. The program schedule was well adapted to my educational needs.					
6. Meeting facilities were suitable.					
7. The strategies utilized, including instructional resources, were appropriate for meeting the stated objectives.					
8. Overall, personnel conducting the activity exhibited the qualities essential to the success of the workshop. (Consider creativity, specialized knowledge, communication skills, and the like).					
9. Overall, the activity was a successful training experience for me.					
10. Adequate provisions were made for me to identify needs which were not previously identified.					
11. Adequate provisions were made for me to provide feedback to the personnel conducting the workshop.					
12. As a result of this professional learning activity, I will alter my educational behavior in a more positive direction in my specific job setting.					

Comments: _____



TOWNS COUNTY SCHOOLS

Attendance Verification Form
PL Form 9

PART A

Name of Participant: _____ SSN: _____

School: _____ Title of Activity: _____

Date(s) of Activity: _____ Contact Hours: _____

I verify that the above named person attended the activity listed for the number of hours listed.

Signature of Instructor or Program Official

Date

Title or Position

PART B

AREA BELOW FOR CLASSIFIED OR NON-CERTIFIED ONLY

Do not use the mastery verification form below if an on-the-job evaluation will be used to complete the Professional Learning procedure.

ACTIVITY OBJECTIVES

MASTERY VERIFICATION PROCEDURES (What competencies or performance indicators verify that the above named person can demonstrate the use of the activity's objectives?)

Signature of Instructor or Attendance
Verification Designee

Date

STATE OF GEORGIA EMPLOYEE TRAVEL EXPENSE STATEMENT (Please type or print)

Towns County Schools

For period from _____ **thru** _____

NAME				TITLE		HEADQUARTERS (City) _____ (County) _____ (State) _____			
BUSINESS PHONE		RESIDENCE (Street) _____ (City) _____ (County) _____ (State) _____ (ZIP Code) _____							

DATE	Depart Time	Arrival Time	BREAKFAST		LUNCH		DINNER		MEALS - DAILY TOTALS			LODGING	
			Location	Amount	Location	Amount	Location	Amount	Total	Overage	Allowed	Location	Amount
TOTALS FOR EACH CATEGORY													

"I do solemnly swear, under criminal penalty of a felony for false statements subject to punishment by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, that the above statements are true and I have incurred the described expenses and the state use mileage in the discharge of my official duties for the state."

Signature _____ Date _____

Approved _____ Date _____

STATE USE MILEAGE 0 MILES AT 0.55 CENTS PER MILE
(Must be supported by automobile mileage record on back)

TOTAL MEALS (Amount allowed)
TOTAL LODGING (Attach lodging receipts)
OTHER TRAVEL EXPENSES (Detailed on back)
COMMERCIAL TRANSPORTATION (Detailed on back)
MISCELLANEOUS EXPENSES (Detailed on back)

TOTAL APPROVED EXPENDITURES

\$

ACCOUNTING USE ONLY

VENDOR ID				TERMS		ORGANIZATION NO			PAYMENT HANDLING			PAYMENT METHOD			VOUCHER ID			
												Check						
ACCOUNT		AMOUNT					DESCRIPTION											
640001							TRAVEL-MILEAGE											
640002							TRAVEL-MEALS											
640003							TRAVEL-LODGING						# of Nights Out:			PCOA		
640004							TRAVEL-OTHER											
640005							TRAVEL-COMMERCIAL TRANSPORTATION											
							MISCELLANEOUS EXPENSES											
TOTAL																		

of Nights Out: **PCOA**

DATE	ORIGIN - - POINTS VISITED	DESTINATION	STARTING MILEAGE	ENDING MILEAGE	TOTAL MILEAGE	PERSONAL MILEAGE	STATE USE MILEAGE	
	0							
		TOTAL AMOUNTS						
PERSONAL CAR		DEPARTMENT CAR		DOAS CAR		OTHER TYPE TRANSPORTATION		
Ga. Tag No.		I. D. No.		I. D. No.		STATE AIRCRAFT	DATE	
State Use Miles		Total Miles		Total Miles		COMMERCIAL AIRCRAFT	DATE	
EXPLAIN ANY EXPENSES THAT ARE UNUSUAL OR EXCEED ESTABLISHED LIMITS:						OTHER (SPECIFY)	DATE	
PURPOSE OF TRIP:								
EXPLAIN TELEPHONE CHARGES:								
DATE	COMMERCIAL TRANSPORTATION - COMMON CARRIER, TAXI, LIMOUSINE	AMOUNT	DATE	TRAVEL - OTHER TIPS, PARKING	AMOUNT	DATE	MISCELLANEOUS EXPENSES	AMOUNT
COMMERCIAL TRANSPORTATION TOTAL			TRAVEL-OTHER TOTAL			MISCELLANEOUS TOTAL		
Enter each total in appropriate line of expense section on front side.								
If transportation was shared, indicate date, origin/destination, mode and name of person traveled with:								
DATE	ORIGIN / DESTINATION	MODE OF TRAVEL		PERSON TRAVELED WITH				

ATTENTION: GEORGIA HOTEL AND MOTEL OPERATORS

On April 2, 1987, Act Number 621 amending Official Code of Georgia Annotated Section 48-13-51 became effective. This Act provides that Georgia State or local government officials or employees traveling on official business should not be charged county or municipal excise tax on lodging. Sales tax is not exempted under the current sales tax law, since the payment of hotel/motel bills by an employee is not considered to be payment made directly by a State agency from appropriated funds. Upon verification of the identity of the State official or employee identified below, Georgia hotel and motel operators are authorized to exempt the individual from any applicable county or municipal lodging excise tax. Sales tax, however, should continue to be charged.

A copy of this certification should be maintained with your tax records to document the individual's status as a state official or employee traveling on official business. If you have any questions, please contact the accounting or fiscal office of the Department or agency employing the individual identified below.

STATE OF GEORGIA CERTIFICATE OF EXEMPTION OF LOCAL HOTEL/MOTEL EXCISE TAX

CERTIFICATION

This is to certify that the lodging obtained on the date(s) identified below was required in the discharge of my official duties for the State and qualifies for exemption of the local hotel/motel excise tax under Official Code of Georgia Annotated Chapter 48-13 (as amended by Act 621, Georgia Laws 1987).

Signature of Official or Employee _____ Date _____

P R I N T O R T Y P E

Name of Official or Employee _____

Title of Official of Employee _____

Agency Represented Towns County Board of Education

Myra Underwood-

Accounting/Fiscal Office Contact Finance Director Phone No. 706-896-2279

Date(s) of Lodging _____



Towns County Schools
Professional Learning Program
Contracted Services
PL Form 10

Directions: 1) Submit this form to the Professional Learning Director prior to planned activity; 2) Attach a Professional Learning Program Budget Form (PL Form 3) to this form.

Upon approval, the appropriate forms will be forwarded to you for documentation of the activity. Please return the forms to the Professional Learning Director upon completion of the activity.

Name: _____ Social Security #: _____

Address: _____

said individual will _____

(Type of Service)

for the Towns County School System. This service will begin approximately _____

and end approximately _____.

Upon completion of the service and all required plans, documents, forms, etc., completed to the satisfaction of the team leader or coordinator, the Towns County Board of Education agrees to pay \$ _____.

Signature: _____

Date: _____

Professional Learning Director

Dr. Richard Behrens, Superintendent



Towns County Schools INDIVIDUAL LEARNING LOG

It is the responsibility of the individual to maintain this log. Lost logs may result in lost credit!

Name: _____ SSN: _____ School/Department: _____

*This log allows you to capture reflections and evidence from learning experiences that do not fit into the typical PLU course format and are less than 10 hours each.
Using this log is optional. You may not include any learning experience that has been or will be submitted for PLU credit.*

Learning Activity	Instructor/Facilitator	Date	Location	# Of Hours	Instructor/Facilitator Signature
Total Hours					

Check all that apply: _____ Field of Certification _____ School/System/Individual Improvement Plan
_____ Annual Personnel Evaluation _____ State/Federal Requirement

A Learning Log Documentation and Evidence Form must be attached for each activity listed. Logs will not be accepted or approved without attached documentation and evidence. After receiving administrator or supervisor approval, turn in completed logs to PROFESSIONAL LEARNING. Logs can be submitted once at the year end - June 1- to Aundrea Wilson, Professional Learning Director

The Individual Learning Log should be turned in after the completion and documentation of contact/learning hours (in increments of 10 hours). Please keep a copy of the log and documentation for your personal files.

I verify that the above activities were completed by the named participant and I have personal knowledge of this participant's implementation of learning.

Employee's Signature Date

Supervisor's Signature Date

For Professional Learning Use:	
Approval: _____	PLUs _____
Signature: _____	

LEARNING LOG DOCUMENTATION/EVIDENCE FORM

NAME: _____ SSN: _____

SCHOOL/DEPARTMENT: _____ DATE SUBMITTED: _____

This log allows you to capture reflections and evidence from learning experiences that do not fit into the typical PLU course format. Using this log is OPTIONAL. You may not submit any learning experience that has been or will be submitted on a sign-in roster for PLU credit.

LEARNING EXPERIENCE- Describe the learning experience. Include the title or topic of the activity and pertinent details.**PURPOSE -** Why did you participate in this learning experience? How does it align with your professional goals, School Improvement Plan, district/state standards, and/or your area of certification?**REFLECTIONS ~ RESULTS**

There are 5 levels of professional learning evaluation:

1. Participant Reaction 2. Participant Learning 3. Organizational Change & Support of Participant Learning 4. Participant Use
5. Student Learning

Answer EACH of the following questions when responding:

- * What did you learn from this experience?
- * What did you not learn that you wish you had learned?
- * How will you use the information?
- * How will your learning affect your school, grade level, or department?
- * How will your learning impact student learning?
- * Did the experience meet your expectations? Why or Why not?

TIME DEVOTED TO THE LEARNING EXPERIENCE

Please provide the total number of contact hours.
(10 Contact hours = 1 PLU)

LIST ATTACHED EVIDENCE

You must attach evidence and documentation including an agenda or program AND lesson plans or student work samples, etc.

LEARNER'S SIGNATURE

I understand the PLU credit is not issued until the log is reviewed and approved by my administrator and the Professional Learning Director.

ADMINISTRATOR/SUPERVISOR SIGNATURE**PROFESSIONAL LEARNING DIRECTOR'S SIGNATURE****APPROVAL DATE/ NUMBER OF PLU CREDITS AWARDED**