



CASA

Professional Improvement Fund

There have been several changes with the Professional Improvement Fund reimbursement process. This overview should provide the necessary guidance for the tuition reimbursement program as well as for professional conferences and work-related travel.

Tuition Reimbursement

- Tuition Reimbursement still requires the paper application
- The PIF allows \$400 per credit reimbursement with up to 9 credits per school year.
- E-Transcripts are now required.
- When requesting an E-Transcript for reimbursement you must identify the receiver.
 - Dr. Kenneth A. AMPARBIN
 - Paper applications should be forwarded to **Kamparbin@nps.k12.nj.us**
- Once the application and transcript has been received it will be reviewed for approval. All classes must relate to position/role.
- Once the application is approved an email will be sent confirming receipt as well as confirming approval.
- If an application is not approved an email will be sent outlining the criteria that must be met.

Professional Conferences/Training

- The total PIF available within one school year is \$750.
- This amount is approved by the PIF Committee through the PeopleSoft Requisition System.
- The Professional Improvement Fund can reimburse for the following:
 - Registration
 - Hotel
 - Meals
 - Parking
 - Transportation
 - Baggage Fees
 - Mileage
- All requests for reimbursement for the above expenses must be entered through the PeopleSoft system
- All members wishing to utilize Professional Improvement Funds must have a vendor identification number created. This is done through the PeopleSoft system.
- All travel requires a justification of need. The data that is collected will be used by your PowerSchool Clerk to complete your requisition in PeopleSoft

*Forms are attached to this email to guide you in this process. Please be reminded that all requests must be uploaded in Peoplesoft. The only reimbursement request that will be submitted in paper form will be tuition reimbursement.

Overview of Reimbursement Categories

- **Registration**

- Registration fees do not need to be paid in advance. In order to utilize PIF for registration fees members must have an invoice. This invoice will be uploaded into Peoplesoft.

- **Hotel**

- The GSA (**General Services Administration**) Rate will be populated in Peoplesoft once the location of the conference is identified within the Peoplesoft System.
 - This rate is a standard amount. Your hotel rate can exceed the GSA Rate if you are staying at a conference sponsored hotel.
 - Airbnb Style lodging is permissible
 - In the event of a shared room, the cost must be itemized in Peoplesoft with a comment that indicates that the cost will be shared. When receiving the bill each CASA member must pay separately and each member must receive their own bill.

- **Meals**

- Meals will be pre-populated in Peoplesoft and will be itemized by meal (breakfast, lunch, dinner).
- Individual receipts must be maintained over the length of the conference
- Meals can include food consumed at the airport within a 2-hour window of travel
- Reimbursement cannot include food for a meal that is included within the conference fees.

- **Airfare (Other modes of transportation)**

- Airfare must cover the time of the conference only
- Airfare that exceeds the time of the conference will be prorated and a revision to the reimbursement will be made by the district based on the rate that covers the time of the conference

- **Baggage**

- Baggage fees do not need to be paid in advance.
- Baggage fees must be itemized in Peoplesoft
- Additional baggage fees can be paid if additional baggage is needed due to needing items for presentations at conferences. In this case comments must be added to this section within Peoplesoft

- **Parking**

- Can be airport parking
- Can be daily parking at conference hotel
- Can be an uber or other transportation mode
- Members can use Taxifare finder and Uber Price Quotes to get itemized costs and invoices to upload into Peoplesoft

CASA PIF Committee:

Dr. Kenneth Amparbin, Vice President and Vice-Principal Representative

CASA Member Application

The Newark Public Schools
Office of the School Business Administrator
2 Cedar Street, Room 807
Newark, NJ 07102
Phone: 973-733-6702 Fax: 973-733-7276

TUITION REIMBURSEMENT CLAIM FORM Non-Instructional Staff

Local 32 () Local 68 () Local 617 () Unaffiliated ()

This form should be completed and submitted following the successful completion of courses for which tuition reimbursement was pre-approved.

Name: _____ Position: _____

Employee ID#: _____ Location Code & Department: _____

Telephone#: _____ Home/Cell Telephone #: _____

Home Address: _____

Email: _____

College/University/Trade School	Course #	Course Name	Credits	Amount	Semester/Year Enrolled

One copy of this form along with all required attachments must be submitted the Office of the School Business Administrator. This form will be processed ONLY if and when all required items are attached.

1. Official college, university or program transcript (in the institution's official sealed envelope)
2. Statement of costs (bill)
3. Itemized receipt or cash voucher
4. Copy of district's pre-approval form

Employee Signature: _____ Date: _____

For Use by Tuition Reimbursement Committee

Date Received: _____

Reimbursement Amount Approved: _____ Date Approved: _____

Signature(s): _____

EMPLOYEE TRAVEL / EXPENSE CHECKOFF LIST

Submitted		Received
	Travel/Expense Authorization Request	
	Justification for Travel	
	Proof of Valid Car Insurance <input type="checkbox"/> Taking Public Transportation <input type="checkbox"/> Being driven by another employee <div style="float: right;">Name of Employee: _____</div>	
	Registration Form/Invitation	
	Itinerary/Program	
	Mapquest/Google Maps Printout of mileage	
	GSA.gov website printouts	
	Meals Breakdown Form	
	Proof of Confirmed Airfare / Train	
	Proof of Confirmed Hotel Accommodations	
	Additional documentation:	
	Additional documentation:	

Received by: _____ Date: _____

Returned for missing information (date): _____

Received with corrected information (date): _____

REVISED 01/01/18

Newark Public Schools

Division of Purchasing Employee Travel Vendor Set-Up



Employee Name _____

Employee Address

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

NPS Email Address (all purchase orders will dispatch via email) _____

THIS IS A FILLABLE PDF FORM

**EMAIL YOUR COMPLETED FORM TO
PURCHASING@NPS.K12.NJ.US
TO RECEIVE YOUR PEOPLESOFT SUPPLIER ID**

TRAVEL / EXPENSE AUTHORIZATION REQUEST

NAME:				EMPLOYEE ID #			
TITLE:				SUPPLIER ID #			
UNION AFFILIATION:	CASA	Local 32	NTA	NTU	Unaffiliated		
FUNDING SOURCE (pick one)							
District Funds	Split Funding:		No Cost to NPS		PIF only		
TRAVEL CODE							
TYPE (pick one):	Conference/Convention:		Retreat:		Training/Seminar		
Start Date is within:	1 st - 7 th	8 th - 14 th	15 th - 21 st	22 nd - 28 th	29 th - 31 st		
DESTINATION INFORMATION:							
Event Name:							
Departure Date:				Return Date:			
Event Start Date:				Event End Date:			
Event City:					State:		
County:			Zip Code:				

					AMOUNT
Registration:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>	No Cost <input type="checkbox"/>	\$
Registration # 2 (if applicable)	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>	No Cost <input type="checkbox"/>	\$
Private Auto: 47 cents per mile	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Lodging:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Transportation: (Airfare/Train)Registration:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Meals:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Baggage Fees:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Taxi/Shuttle:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Parking:	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
Tolls	Funded by (check one):	District Funds: <input type="checkbox"/>	PIF <input type="checkbox"/>		\$
TOTAL:					\$

Employee Signature:		Date:
Approved: Principal/Supervisor		Date:
Signature		

Justification of Need

NAME: _____

1. Relationship of attendance at this event to the critical instructional and operational needs of the district, including the link to the NJ Professional Standards for School Leaders or Teachers and/or the NJCCCS, as well as, to the participants Individual Professional Development Plan (IPDP).
2. Explanation as to how the person or persons attending will share what was learned with others in the school district.
3. Documentation that the knowledge and information to be gained at this conference cannot be obtained through more cost effective means.
4. Explanation as to how the request is consistent with best practices in professional development.

MEALS BREAKDOWN

NAME:		
NAME OF CONFERENCE:		
DATES OF CONFERENCE:		
TRAVELING DATES:		
AMOUNT PER DAY FROM GSA.GOV WEBSITE:	\$	

DATES	Breakfast	Lunch	Dinner	Incidentals	Traveling	Amount
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
TOTAL						\$0.00

Incidentals Breakdown per Meal	
Breakfast	\$1.00
Lunch	\$1.00
Dinner	\$3.00

EXPENSE STATEMENT

THIS STATEMENT MUST BE COMPLETED WITHIN TEN DAYS AFTER EACH TRIP

A.

PRINT NAME	EMPLOYEE ID #	TELEPHONE #
DESTINATION: (city, state)	DATES OF TRAVEL:	
TITLE OF EVENT:		

B. DO NOT INCLUDE ITEMS CHARGED TO THE NEWARK PUBLIC SCHOOLS

	MEALS	AIR / TRAIN	PRIVATE AUTO (mileage)	HOTEL	REGISTRATION	PARKING FEES	TAXI / SHUTTLE	
DATES	ATTACH ORIGINAL ITEMIZED RECEIPTS							
TOTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

C. SUMMARY
(Brief report that includes the primary purpose for the travel, the key issues addressed at the event and their relevance to improving instruction or the operations of the school district).

D. DECLARATION
I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE NPS BUSINESS EXPENSES ONLY AND INCLUDE NO ITEMS OF A PERSONAL NATURE.

Employee Signature _____ Date: _____

Principal / Administrator _____ Date: _____

NOTE: MAKE A CLEAR COPY OF ALL RECEIPTS FOR YOUR FILES