GOVERNING BOARD AGENDA ITEM FORM AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10

DATE OF MEETING: September 7, 2010

TITLE: Approval of Out of State Travel

BACKGROUND:

STAFF

Mike Bejarano from Ironwood Ridge High School requests permission to attend the National Federation of State High School Federations (NFHS) Coach Education Committee in Indianapolis, Indiana, October 4-6, 2010. Approximate cost of the travel is \$1,050 and will be paid for by NFHS. Three school days will be missed.

Patrick Nelson, Cathy Eiting, Tom Collins, and Jay Midyett from the District Offices request permission to attend the National Staff Development Council Annual Conference in Atlanta, Georgia, December 3-8, 2010. Approximate cost of the travel is \$9,844 and will be paid for by federal funds designated for staff development.

Jose Bernal from Amphitheater High School requests permission to attend the National Future Farmers of America Convention/Agriscience Fair in Indianapolis, Indiana, October 18-23, 2010. Approximate cost of the travel is \$1,915 and will be paid for by federal funds designated for staff development. Five school days will be missed and a substitute is required.

Christine Sullivan from La Cima Middle School requests permission to attend the Advanced Via Individual Determination (AVID) District Leadership Training in Mount Vernon, Washington, October 4-8, 2010. Approximate cost of the travel is \$1,213 and will be paid for by federal funds designated for staff development. Five school days will be missed.

Dr. Roseanne Lopez from the District Offices requests permission to attend the Round table/panel discussion for the National Institute in Excellence in Teaching in Washington, D.C., September 19-21 or October 6-8, 2010 (dates dependent on Capitol Hill scheduling). There is no cost to the district.

STUDENTS

Terri Bible and Glen Bible from Canyon del Oro High School request permission to take 20 students to Washington, D.C., November 11-14, 2010. Approximate cost of the travel is \$4,786 and will be paid for by tax credits, student activity funds, and JTED funds. Two school days will be missed and a substitute is required.

Terri Bible from Canyon del Oro High School requests permission to take 10 students to Orlando, Florida, April 29-May 3, 2011. Approximate cost of the travel is \$10,151 and will be paid for by tax credits, student activity funds, and JTED funds. Four school days will be missed and a substitute is required.

Tim Berrier and Jeff Hannan from Ironwood Ridge High School request permission to take 14 students to Reno, Nevada, December 16-20, 2010. Approximate cost of the travel is \$7,969 and will be paid for by student activity funds. No school days will be missed and a substitute is not required.

ASSOCIATE SUPERINTENDENT SIGNATURE

atrick nelson

SUPERINTENDENT SIGNATURE:

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<u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> <u>COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.</u>

EMPLOYEE(S): <u>M</u>	ike Bejarano	SCH	OOL: IRHS
		D	epartment (opt.): Administration
		DAT	TE(S): October 4-6, 2010
-	NFHS Coach Education napolis, IN	<u>Committee</u>	
ABSENCE: # Da	ys <u>3</u> Sub Required:]Yes []No	# of School Days Missed 3
EXPENSES REQUES	TED: (OBTAIN RECEII	PTS FOR ALL INCUR	RED EXPENSES)
	<u>APPROXIMAT</u>	<u>FE COST</u>	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration	-		All expenses paid by NFHS
Transportatio	on <u>\$450.00</u>	Mode <u>Air</u>	<u>NFHS</u>
Rental Car			
Meals	<u>\$150.00</u>		<u>NFHS</u>
Lodging	<u>\$450.00</u>		<u>NFHS</u>
Substitutes			
TOTAL	<u>\$1,050.00</u>		

The District will \Box (or) will not \boxtimes receive reimbursement from outside sources.

Purpose of travel: Attend NFHS Committee Meeting

Outcomes and academic benefits to students and staff: <u>The purpose of the committee is to develop continued</u> education opportunities for high school coaches.

Submitted by:

8/18/10 Signature Date

Principal/Supervis

Associate Superintendent/Superintendent

Date <u>8-19-10</u>

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S):	<u>Tom Collins</u> <u>Jay M</u>	<u>lidyett</u>	SCHOOL: <u>District Offices</u> Department (opt.): DATE(S): <u>December 3 - 8, 2010</u>
	T: <u>National Staff Develo</u> tlanta, Georgia	phient Council Annu	an <u>Comerence</u>
	Mana, Ocorgia		
ABSENCE: #	[£] Days <u>6</u> Sub Require	ed: □Yes ⊠No	# of School Days Missed 4
EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)			
	APPROXIM	MATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registratio	on <u>\$2,796</u>		140.11.100.2210.510.6360
Transport	ation <u>\$1,962</u>	Mode <u>air</u>	140.11.100.2210.510.6582
Rental Car			
Meals	<u>\$_968</u>		140.11.100.2210.510.6582
Lodging	<u>\$4,119</u>		140.11.100.2210.510.6582
Substitutes	;		
TOTAL	<u>\$9,844</u>		

The District will \square (or) will not \boxtimes receive reimbursement from outside sources.

Purpose of travel: This team will be presenting information on District Programs.

Outcomes and	academic benefits to stude	nts and staff:	
Submitted by:	Carthy	Liting	8/30/10
2	Signature	\square	Date
	_ Thekey	Detentine	830/10
	Principal/Supervisor	and the second	Date

Associate Superintendent/Superintendent

<u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> <u>COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.</u>

EMPLOYEE(S): <u>Jos</u>	<u>e A.</u> <u>Bernal</u>	SCHOOL: <u>AHS</u>
	<u> </u>	Department (opt.): <u>CTE</u>
		DATE(S): <u>10/18-23/2010</u>
ACTIVITY/EVENT: N	ational FFA Convention/Agriscienc	ee Fair
LOCATION: <u>Indian</u>	apolis, Indiana	
ABSENCE: # Day		
EXPENSES REQUEST	ED: (OBTAIN RECEIPTS FOR AL	L INCURRED EXPENSES)
	APPROXIMATE COST	<u>BUDGET CODE/DESCRIPTION</u> (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$ 75</u>	260.11.270.2210.281.6360
Transportation	<u>0</u> Mode <u>Air</u>	National FFA will pay for Airline
Rental Car		
Meals	<u>\$ 240</u>	260.11.270.2210.281.6582
Lodging	<u>\$1,100</u>	260.11.270.2210.281.6582
Substitutes	<u>\$ 500</u>	260.11.270.2210.281.6582
TOTAL	<u>\$1,915</u>	

The District will [(or) will not X receive reimbursement from outside sources.

Purpose of travel: <u>To preside as superintendent of the zoology category during the National Agriscience Fair at the</u> <u>National FFA Convention</u>

Outcomes and academic benefits to students and staff:	
Submitted by:	8/19/200
Signature Addition Rom	Date 8/19/20
Principal/Supervisor	Date 8-23-10
Associate Superintendent/Superintendent	Date

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S):	<u>Christine Sullivan</u>	S	CHOOL: La Cima Middle
-			Department (opt.):
_		Ľ	ATE(S): <u>10/04/10 to 10/08/10</u>
ACTIVITY/EVENT:	AVID (Advanced Via II	adividual Determina	ation) District Leadership (ADL) training
LOCATION: Mo	unt Vernon, WA		
ABSENCE: # D	ays <u>4.5</u> Sub Required:	∐Yes ⊠No	# of School Days Missed 41/2
EXPENSES REQUE	STED: (OBTAIN RECEI	PTS FOR ALL INC	URRED EXPENSES)
	<u>APPROXIMA</u>	<u>TE COST</u>	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registration			
Transportati	on <u>\$350.00</u>	Mode <u>Air</u>	<u>100-11-100-2210-165-6582</u>
Rental Car	<u>\$271.96</u>		<u>100-11-100-2210-165-6582</u>
Meals	<u>\$216.00</u>		<u>100-11-1</u> 00-2210-165-6582
Lodging	<u>\$374.68</u>		<u>100-1</u> 1-100-2210-165-6582
Substitutes			
TOTAL	<u>\$1,212.64</u>		

The District will \square (or) will not \boxtimes receive reimbursement from outside sources.

Purpose of travel: <u>ADL Sessions are required as part of AVID District Director training. This training is critical to</u> successful AVID implementation, refinement, and maintenance in a district.

Outcomes and academic benefits to students and staff: <u>Information learned in training is communicated to AVID site</u> team, AVID elective teachers, and faculty to support academic rigor and success for all students.

Submitted by:

van Signature Principal/Sup

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Associate Superintendent/Superintendent

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S):	<u>Dr. R</u>	<u>Roseanne Lopez</u>	SCHOOL: <u>District Offices</u> Department (opt.): <u>Pay for Performance</u> DATE(S): <u>Sept. 19,20,21 OR Oct. 6,7,8, 2010</u> <u>Depends on Capitol Hill Scheduling</u>
ACTIVITY/EVE	NT: <u>Rou</u>	and table/panel discussion men	ber invited by National Institute in Excellence in Teaching
LOCATION:	<u>Washin</u> ;	gton D.C.	
ABSENCE:	# Days	3 Sub Required: 🗌 Yes 🕅	No # of School Days Missed <u>n/a</u>
EXPENSES REQ	UESTE	D: (OBTAIN RECEIPTS FOR .	ALL INCURRED EXPENSES)
		APPROXIMATE COST	BUDGET CODE/DESCRIPTION (Note: Tax credit contributions are District funds and require a budget code.)
Registrat	ion		
Transpor	rtation	Mode _	
Rental Ca	ar		
Meals			
Lodging			
Substitute	es		
TOTAL		Paid for (100%) by the GATE	S & Joyce Foundations

The District will \boxtimes (or) will not \square receive reimbursement from outside sources.

Purpose of travel: <u>As a result of an article written by Dr. Jon Eckert regarding 6 effective implementations of the</u> <u>Teacher Incentive Fund grant, I have been invited to serve as one of 6 panelists</u>. <u>Audience members will include</u> <u>Capitol Hill staffers</u>.

Outcomes and academic benefits to students and staff: <u>Participation in the panel will demonstrate AMPHI's</u> <u>leadership in performance pay for teachers and administrators which in part is linked to student achievement</u> results

Submitted by: / Malane Jolle	<u>8/30/10</u>
Signature	Date
Jackey Citing	8/30/10
Principal/Supervisor	Date
Fatrick neloan	8-30-10

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: 20

NAME OF SCHOOL GROUP/CLUB/ENTITY: DECA

STAFF ADVISOR(S)/CHAPERONES: Terri Bible, Glen Bible

ABSENCE: # Days 2 Sub Required: Yes No # of School Days Missed 2 (Thursday Nov. 11 and Friday November 12, 2010)

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Western Region Leadership Conference

DESTINATION OF TRAVEL: Washington DC

DATES OF TRAVEL: <u>Nov. 11-14, 2010</u> ACADEMIC BENEFITS TO STUDENTS: <u>Workshops pertaining to careers in marketing/competitive event</u> <u>preparation</u>

PROPOSED METHOD OF TRANSPORTATION:
District-owned vehicles
Transportation approval:
Other <u>Air</u>

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits \underline{X} Club Funds \underline{X} Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROX. COST

\$135 (Teacher) \$2,700 (135 x 20) **BUDGET CODE**

Registration

<u>596.00.270.1001.282.6360</u> <u>850.00.610.3400.282.6892 a/or</u> 526.00.100.3400.282.6892

596.00.270.1001.282.6515

596.00.270.1001.282.6582

Transportation \$400 (Teacher)Approx. Airfare

Meals <u>\$108(54 x 2)</u> Students pay for their own meals Lodging<u>\$338 (Teacher-\$169 x 2 days)</u> <u>\$955 (\$47.75 (\$189 x 2 div 4 students/room)</u> <u>Students payfor their own rooms</u> <u>Students pay for their own airfare</u> <u>596.00.270.1001.282.6582</u> <u>850.00.610.3400.282.6892 a/or</u> <u>526.00.100.3400.282.6892</u>

Substitutes **\$150.00 (\$75.00 x 2 days)**

<u>596.00.270.1001.282.6113</u>

TOTAL \$4,786 (not including student airfare costs)

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **NA** IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? NA

COST TO EACH STUDENT \$ \$690.75 (\$135 reg, \$400 airfare, \$108 meals, \$47.75 lodging)

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Tax Credits**

FUNDING SOURCE(S): Student Store

FUNDRAISING ACTIVITIES PLANNED (If applicable): **Car washes**

SUBMITTED BY: Signature APPROVED BY: Principal/Super

 $\frac{S}{Date} = \frac{7}{10}$

8-26-11)

Associate Superintendent/Superintendent

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> <u>COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL</u>

SCHOOL: CDO

ESTIMATED NUMBER OF STUDENTS: <u>10</u>

NAME OF SCHOOL GROUP/CLUB/ENTITY: DECA

STAFF ADVISOR(S)/CHAPERONES: Terri Bible

ABSENCE: # Days 5 Sub Required: \boxtimes Yes \square No # of School Days Missed 4

ACTIVITY / EVENT / PURPOSE OF TRAVEL: International Career Development Conference

DESTINATION OF TRAVEL: Orlando, FL

DATES OF TRAVEL: <u>April 29-May 3, 2011</u> ACADEMIC BENEFITS TO STUDENTS: <u>DECA National Competition for College Scholarships</u>

PROPOSED METHOD OF TRANSPORTATION:
District-owned vehicles
Transportation approval:
Other <u>Air</u>

Are expenses paid from any of the following accounts? Auxiliary <u>x</u> Tax Credits <u>X</u> Club Funds <u>X</u> Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROX. COST

Registration

<u>130 (Teacher)</u> 1300 (Students 130 x 10) BUDGET CODE

<u>596.00.270.1001.282.6360</u> <u>850.00.610.3400.282.6892 a/or</u> <u>526.00.100.3400.282.6892</u>

 500 (Teacher)

 5,000 (Students 500 x 10)

Meals <u>295(59 x 5)</u> Students pay for their own meals 596.00.270.1001.282.6582 Students pay for their own

596.00.270.1001.282.6582

Lodging 750 (Teacher-150x5) 1,875.50(150x5div4students=187.50per=187.50x10) 850.00.610.3400.282.6892 a/or

596.00.270.1001.282.6582 526.00.100.3400.282.6892

Substitutes 300 (75 x 4) 596.00.270.1001.282.6113

TOTAL \$10,150.50

WILL THE DISTRICT RECEIVE REIMBURSEMENT? NA IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? NA

COST TO EACH STUDENT \$ 717.50 (\$130 reg., \$500 air., \$100 meals., \$187.50 lodging)

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? Tax Credits

FUNDING SOURCE(S): Student Store

FUNDRAISING ACTIVITIES PLANNED (If applicable): Car washes

SUBMITTED BY:	Cen Bibs	<
	Signature	
APPROVED BY:	Marcia Velpe Ph	_ •
	Principal/Supervisor	
	Patrick Wlon	

<u>8/1</u>7/10 Date <u>8/18/10</u> Date

8-26-10

Associate Superintendent/Superintendent

AMPHITHEATER PUBLIC SCHOOLS STAFF/STUDENT TRAVEL REQUEST Attach supporting documentation as needed <u>ORIGINAL SUBMISSION</u> <u>THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA</u> <u>COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL</u>

SCHOOL: IRHS

ESTIMATED NUMBER OF STUDENTS: 14

NAME OF SCHOOL GROUP/CLUB/ENTITY: Wrestling Team

STAFF ADVISOR(S)/CHAPERONES: Tim Berrier and Jeff Hannan

ABSENCE: # Days $\underline{0}$ Sub Required: Yes Xo # of School Days Missed $\underline{0}$

ACTIVITY / EVENT / PURPOSE OF TRAVEL: Wrestling Tournament

DESTINATION OF TRAVEL: Reno, Nevada

DATES OF TRAVEL: 12-16-2010 through 12-20-2010 ACADEMIC BENEFITS TO STUDENTS: <u>Students will be competing against some of the top wrestling</u> teams from across the nation. College coaches will be in attendance to scout for potential recruits

PROPOSED METHOD OF TRANSPORTATION:
District-owned vehicles
Transportation approval:
Other <u>Airline</u>

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits \underline{x} Club Funds \underline{x} Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>600</u>	<u>850-00-100-3400-280-6360</u>
Transportation	<u>5839</u>	850-00-100-3400-280-6582
Meals	<u>300</u>	850-00-100-3400-280-6582
Lodging	<u>1230</u>	850-00-100-3400-280-6582
Substitutes		
TOTAL	<u>7969</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? no IF SO, SOURCE & AMOUNTS:

HOW ARE CHAPERONE EXPENSES PAID? Club funds

COST TO EACH STUDENT \$ 0

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? All students will be paid for

FUNDING SOURCE(S): Tax credit and Club Funds

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY: August 17, 2010 Date Signature 17-2010 APPROVED BY: Principal/Supervisor Date

Associate Superintendent/Superintendent