

Approved

Questions/Concerns: elemaire@mseanea.org

Denied



REQUEST TO ATTEND MEETINGS AND CONFERENCES

Division of Instruction and School Administration
10910 Clarksville Pike
Ellicott City, MD 21042

2021-2022

HCEA ESP, Article 12.2 Application

1. The completed application must be submitted to the employee's principal/supervisor for review and approval.
2. The signed form must be scanned and emailed to the Article 12.2 Committee at Article12@hcpss.org by the applicant at least 20 working days prior to the professional meeting. Exceptions will only be made for meetings that fall at the beginning of the school year.
3. Application deadlines will be the 15st and 30th of each month, or, the following weekday if those dates fall on a weekend.
4. Requests for funds are considered biannually.
5. If illness occurs from travel, neither HCPSS nor HCEA will be responsible. If you cancel your approval, you must let Article 12.2 know so the funds can be redistributed. If you neglect to inform the committee, the record will continue to indicate your Article 12.2 usage and may make you ineligible for approval next school year.
6. The Article 12.2 Committee will review the application and forward its recommendation to the appropriate **Performance, Equity, and Community Response Officer** for a final decision.
7. **The Performance, Equity, and Community Response Director** will return the application to the applicant by pony mail.
8. Your reimbursement will not exceed your approved amount.

Activity Information

Name: _____ Position: _____

Date(s) of Conference: _____ School/Assignment: _____

Place conference will be held: _____

Name of organization sponsoring conference: _____

Consult <https://www.gsa.gov/perdiem> to determine travel/mileage/meal rates.

Registration: \$ _____

Travel: \$ _____

Hotel: \$ _____ per night X _____ nights = \$ _____

Food: \$ _____ per day X _____ days = \$ _____

Total \$ _____

Anticipated Activity Outcomes

1.State the purpose of this activity:

2. Describe how you foresee sharing this activity improving your current job:

3. List any other source(s) of financial assistance, including amounts, or days which you are receiving for this activity:

4. List any funding which you received from Art. 12.2 last year:

Signature of Applicant _____

Acknowledgement

By submitting this application, I understand and agree to the following:

1. My application is accurate and complete. Failure to complete honestly & accurately may result in the loss of current or future funds.
2. My completion and submission of an application does not automatically grant approval, in full or part, of my request.
3. I understand that my request may be denied based upon the needs of the school on the requested days.

Disposition

My/Our signature signifies that I/we have reviewed this application and believe the information to be accurate, complete, and for the purpose described.

Principal/Supervisor

Date

Article 12 Committee

Date

Performance, Equity, and Community Response Officer

Date

NOTE: If the application is denied at any point, an explanation must be provided below:

Need Help?

Submission Inquiries:

- HCEA office: elemaire@mseanea.org

Reimbursement Questions:

- Expense Report Directions: <https://hceanea.org/wp-content/uploads/sites/14/2017/01/Article-13-How-to-create-an-expense-report.pdf>
- Workday Expense Report Complications: Central Office (410-313-6600) extension 7004, option 7, then option 4.