ASD-W
Anglophone School District West

POLICY NO. ASD-W-113-1A

OUT OF PROVINCE TRAVEL

Appendix A – **INDIVIDUAL / GROUP OUT-OF-PROVINCE TRAVEL REQUEST FOR STAFF** **Effective:** February 4, 2016

Revised: January 23, 2024

Submission Date: _____

1. **Individual travel request must have final approval at least 20 teaching days prior to the travel.**
2. Out-of-Province travel for:
   a) School-based staff require approval from the Principal, Director, and the Superintendent.
   b) Education Centre staff require approval from the appropriate Director and the Superintendent.
   c) Leads / Coaches require approval from the Subject Coordinator, Director, and the Superintendent.

Name			**Position**	
Work Location	☐ **School (please specify)**			
	☐ **School Department (please specify)**			
	☐ **Education Center (please specify)**			
	☐ **Superintendent's Office**			
Travel Destination			**Travel Dates (Inclusive)**	
			Number of Teaching Days	
Purpose of Trip	☐ **Participant**	☐ **Award Recipient**	**Event Name and URL**	
	☐ **Presenter**	☐ **Student Trip**		
	Other Information:			

3. Group travel requests must be made at least 40 teaching days prior to an out-of-province trip.
4.

Virtual Option ☐ **Yes** ☐ **No,** If there is a virtual option, please weigh the benefits of attendance in person vs attendance virtually and share a rational if in person is the preferred option. A cost benefit analysis of in-person vs virtual attendance below.

Benefit of Travel: *Describe the benefit of your travel and participation in this event. Please be precise about the anticipated benefits to Anglophone School District West. Attach pertinent documentation.*

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Funding Information

Estimate of costs must be completed *for all requests and should reflect the defined allowances as per Travel Directive AD-2801.* ***Please ensure that the source of funds covers the entire estimate of costs.***

Estimate of Costs		Source of Funds / Amount Received	
Registration / Fees		**Department of Education**	
Travel / Mileage / Airfare		**District**	
Meals		**NBTA Grant**	
Accommodations		**Local Branch Grant**	
Supply Teacher Time		**Teachers Working Conditions Fund**	
Other *(please specify)*		**Other** *(please specify)*	
Total		**Total** ***(Please ensure that the source of funds covers the entire estimate of costs.)***	

I will be sharing expenses with another participant: ☐ **Yes** ☐ **No**		**Name of Other Participant**	
		Shared Expenses / Amounts	
Employee's Signature		**Date**	
Principal / Subject Coordinator	☐ **Approved** ☐ **Not Approved**	**Date**	
Signature			
Director of Schools OR Director of C&I / ESS	☐ **Approved** ☐ **Not Approved**	**Date**	
Signature			
Superintendent	☐ **Approved** ☐ **Not Approved**	**Date**	
Signature			

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Benefit of Travel - Post Attendance Report

Submitted by: _____ **Date:** _____

Within 10 working days provide the actual costs of the travel within the chart below as well as a description of the benefits of the travel specific to Anglophone School District West and submit it to Director of Curriculum and Instruction.

Actual Costs	
Registration / Fees	
Travel / Mileage / Airfare	
Meals	
Accommodations	
Supply Teacher Time *($277/day)*	
Other *(please specify)*	
Total	

Written description of benefit of travel

Signature: _____ ***Date:*** _____

Director of Curriculum and Instruction.

Note: Notification will be forwarded by Director of Curriculum and Instruction's Office to Applicant, Principal, Director of Schools, and Budget & Accounting Dept. once all signatures are collected.