

**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 t r a v e l.**
2. Out-of-Province travel for:
   1. School-based staff requires approval from the Principal, Director, and the Superintendent.
   2. Education Centre staff requires approval from the appropriate Director and the Superintendent.
   3. Leads / Coaches require approval from the Subject Coordinator, Director, and the Superintendent.
3. Group travel requests must be made at least 40 teaching days prior to an out-of-province trip.

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| **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**  **Presenter** | **Award Recipient**  **Student Trip** | **Event Name**  **and URL** | |  | |
| **Other Information:** | | | | | |

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| **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*](https://intranet.gnb.ca/intellinet/adminman/adminman/2801-e.pdf)[*AD-2801.* ***Please ensure that the source of funds covers the entire estimate of costs.***](https://intranet.gnb.ca/intellinet/adminman/adminman/2801-e.pdf) | | | | | | | | | |
| **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** | | | | **Name of Other Participant** | | | |  |  |
| **participant: Yes No** | | | | **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 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**

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# Signature: Director of Curriculum and Instruction.

***Date:***

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.