

 Anglophone South School District	POLICY NO. ASD-S-241
OUT OF PROVINCE TRAVEL – SCHOOL/DISTRICT STAFF	

Category	Human Resources		
Subject	Out of Province Travel – School/District Staff		
Adopted		Revised	March 2021

Policy Statement

All out-of-province travel must be conducted in accordance with the Travel Directive AD-2801 of the Province of New Brunswick Administration Manual.

Procedures

1. Travel for School-Based Staff

- a. An *Out-of-Province Travel Request* form must be completed for all out-of-province travel. Travel requests must be approved by the School Principal, Director of Schools and the District Superintendent.
- b. Teachers are permitted to promote and organize trips within the school only if it follows:
 - i. Policy ASD-S-551 - School Trips
 - ii. Policy ASD-S-550 – Co-Curricular Trips and has received prior approval from the Director of Schools.
- c. If the travel request is not consistent with District priorities, is not directly related to the curriculum, or of a personal nature, please consult the relevant clause of the Teachers Collective Agreement (Articles 31 to 37).
- d. Out-of-province travel for students is limited to a maximum of three teaching days per trip.
- e. Individuals are not permitted to enter into agreements to pay their own supply teachers. Third party billing must go through the Director of Schools on AESOP. In making such arrangements, School Districts will pursue a “cost-neutral” option.
- f. Third-party billing can be used for supply salary.
- g. Airline tickets or other irreversible arrangements should not be made in advance in the expectation that approval is forthcoming.
- h. Travel in New Brunswick requires the approval of the School Principal / immediate supervisor.

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- i. School sponsored student travel, for grades 6 to 8 is within Atlantic Canada, Quebec and Ontario. Grades 9 to 12 can travel in Atlantic Canada, Quebec, Ontario, New England States and New York City.
- j. All staff out-of-province travel and out-of-country travel requires the approval of the Director of Schools and Superintendent.
- k. Group travel requests must be made at least 40 teaching days prior to an out of province trip and individual travel requests must be made at least 20 teaching days prior using the Individual/Group Out of Province Travel Request for Staff.

2. Travel for District Staff

An *Out-of-Province Travel School/District* form must be completed for all out-of-province travel. Travel requests must be approved by the appropriate Director and the Superintendent.

Reference

- ASD-S-551 – School Trips
- ASD-S-550 – Co-Curricular Trips



OUT-OF-PROVINCE TRAVEL REQUEST FOR STAFF

1. Individual travel request **must have final approval at least 20 teaching days prior and group travel 40 days prior.**
1. Staff absences must be created on AESOP.
2. Out-of-Province travel for:
 - a) School-based staff require approval from the Principal, appropriate Director and the Superintendent;
 - b) District staff require approval from the appropriate Director and the Superintendent;
 - c) Leads / Mentors require approval from the Subject Coordinator, Director and the Superintendent.

Submission Date:			
Name:		Position:	
Work Location:	☐ School <i>(please specify)</i>		
	☐ Education Centre <i>(please specify)</i>		
	☐ Superintendent's Office		
Travel Destination:			Travel Dates (Inclusive):
			Number of Teaching Days:
Purpose of Trip:	☐ Participant	☐ Award Recipient	Benefit of Travel:
	☐ Presenter	☐ Student Trip	
Other Information:			
Funding Information <i>Estimate of costs must be completed for all requests. Please ensure that the source of funds covers the entire estimate of costs.</i>			
Estimate of Costs:		Source of Funds / Amount Received:	
Registration / Fees	\$	☐ Department of Education	\$
Travel / Mileage / Airfare	\$	☐ District <i>(specify contact)</i>	\$
Meals/Accommodations	\$	☐ NBTA Grant	\$
Supply Teacher Time (~ \$310/day)	\$	☐ Local Branch Grant	\$
Other (please specify)	\$	☐ Teachers Working Conditions Fund	\$
Total:	\$	☐ Other (please specify)	
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:	☐ Approved	☐ Not Approved	Date:
	Signature:		
Superintendent:	☐ Approved	☐ Not Approved	Date:
	Signature:		

Note: Notification will be forwarded by the Director's Assistant to Applicant and Principal, once all signatures are collected.