

Chilton County Board of Education Professional Development Guide

Link to Professional Development-

<https://al.harrisschool.solutions/ChiltonCounty/S/ProfessionalDevelopment>

IMPORTANT INFORMATION REGARDING LINK- Employees must click the link directly from CCBOE website. Copy and pasting link once it has been opened in a browser window will cause PD forms to overwrite each other. Each click to the link creates a NEW PD form. If the PD form is not completed in three business days, the transaction will automatically delete.

Step 1:



Welcome to our electronic signature service...

Please note that your continued use of this service constitutes your agreement to use electronic signatures in lieu of a paper document with a traditional hand-written signature. Electronic signatures are legally recognized throughout the United States. Your electronic signature will take place when you type your name and/or initials into the marked areas on the subsequent document(s) and then you click both the Review and Submit buttons on each document to indicate your agreement and/or authorization.

You also certify that these documents are intended for you and that you are authorized to sign the documents. If you have received these by mistake, please do not continue and [email us](#) or call 205-280-3000 to report our error.

If you do not wish to sign these documents electronically, please contact us and do not continue with this process. However, we expect that you will prefer this free, easy-to-use, fast and environmentally sound option.

Document(s) for your review:

1. Professional Development 

Continue

Delete this transaction

* Bookmark or copy this page location to return later: <https://al.harrisschool.solutions/ChiltonCounty/P/E5sorMUyR1h3OEeHCFni>

Step 2: Complete Professional Development Form

- All areas in YELLOW must be completed.
- Example below with important information.



Chilton County Schools
Professional Development

Employee Information

Select your primary location: * **Central Office** Are you a Principal?: * **No**

First Name: * **Cheri** Last Name: * **Wright** Email Address: * **bcmiley@chiltonboe.com** Phone: *

Employee Street Address: * **1705 Lay Dam Road** Employee City: * **Clanton** Employee State: * **Alabama** Employee Zip: * **35045**

Position: * **Special Education B**

Request Details

Purpose for professional leave: **Professional Development**

Event Address: Street Address: * **240 Paul W Bryant Dr** City: * **Tuscaloosa** State: * **Alabama** Zip: * **35401**

Event Name: * **AASBO Fall Conference** Begin Date: **07/19/2023** End Date: * **07/20/2023**

Total Event Days: * **1** Days Off Site: * **1** Riding With: Sharing Lodging With:

Will you need a Travel Reimbursement Claim? Yes* No*

Will a substitute be employed? Yes* No* **0** If Yes, number of days:

IF YOU CHECK NO, YOU WILL NOT RECEIVE A PD REIMBURSEMENT FORM. ONLY CHECK YES IF YOU NEED REIMBURSEMENT.

Estimated expenses. This is the Maximum Amount you will be reimbursed! (Amounts Required, if applicable)

Registration Fee: \$ **175.00** + Travel Cost: \$ **100.00** + Lodging: \$ **175.00** + Food: \$ **60.00** + Substitute: \$ **0.00** = Total Cost: \$ **510.00**

Is there a conference hotel rate? Yes* No*

Conference Hotel Rate (Nightly Rate), if applicable: **175.00**

Who is paying for expense? (Fund)* **SPED**

IT IS BETTER TO OVERESTIMATE EXPENSES THEN UNDERESTIMATE EXPENSES. IF YOU FAIL TO ENTER AN AMOUNT, YOU WILL NOT BE REIMBURSED. TRAVEL REQUIRES MAPQUEST OR GOOLE MAP DOCUMENTATION.

How is this addressed in your school's Professional Development or School Improved Plan(s): * **Continuing education classes for AASBO certificates.**

Employee Signature: * **Cheri' Miley Wright** Date: *

SIGN ONLY. SYSTEM WILL AUTOMATICALLY DATE FOR YOU.

Comments (optional):

Continue to review

Return to the document list

Step 3: Employee – Review Completed Professional Development Form

- ! You are ALMOST DONE. Please review the electronically signed document carefully.
- Then click SUBMIT SIGNED DOCUMENT below if it is correct.
- Click GO BACK TO MAKE CHANGES if you see something that needs to be changed.

Employee Information					
Select your primary location: Are you a Principal?:					
Central Office		No			
First Name:	Last Name:	Email Address:	Phone:		
Cheri	Wright	bcmiley@chiltonboe.com			
Employee Street Address:	Employee City:	Employee State:	Employee Zip:		
1705 Lay Dam Road	Clanton	Alabama	35045		
Position:					
Special Education					
Bookkeeper					
Request Details					
Purpose for professional leave: Professional Development					
Street Address:		City:	State:	Zip:	
Event Address: 240 Paul W Bryant Dr		Tuscaloosa	Alabama	35401	
Event Name:	Begin Date:	End Date:			
AASBO Fall Conference	07/19/2023	07/20/2023			
Total Event Days:	Days Off Site:	Riding With:	Sharing Lodging With:		
1	1				
Will you need a Travel Reimbursement Claim? <input checked="" type="radio"/> Yes <input type="radio"/> No					
If Yes, number of days:					
Will a substitute be employed? <input type="radio"/> Yes <input checked="" type="radio"/> No 0.00					
Estimated expenses. This is the Maximum Amount you will be reimbursed! (Amounts Required, if applicable)					
Registration Fee:	Travel Cost:	Lodging:	Food:	Substitute:	Total Cost:
\$175.00	+ \$100.00	+ \$175.00	+ \$60.00	+ \$0.00	= \$510.00
Is there a conference hotel rate? <input checked="" type="radio"/> Yes <input type="radio"/> No					
Conference Hotel Rate (Nightly Rate), if applicable:					
\$175.00					
(Fund)					
Who is paying for expense? SPED					
How is this addressed in your school's Professional Development or School Improved Plan(s):					
Continuing education classes for AASBO certificates.					
Employee Signature:			Date:		
Cheri' Miley Wright			07/19/2023		

Comments (optional):

Electronic Signature Process Record

The document above has been electronically signed in accordance with the law.

YUID: e08bb93b-4849-4348-a400-a37858bc55d1-bdabb292-9929-4811-9872-1e98e22c76d8

Signing party: Employee

Signer ID: ca4d973a-49a0-4cf6-8a85-d7a14871f40d

IP Address: 216.109.51.50

Timestamp: 2023-07-19 09:31:22 CDT (2023-07-19 14:31:22.733Z)

Email: bcmiley@chiltonboe.com

User: Cheri' Miley Wright <bcmiley@chiltonboe.com> (5c3c7b7c-1039-4bb1-a96a-8501324235ee)

Submit signed document

Go back to make changes

SUBMIT SIGNED DOCUMENT, IF ALL INFORMATION IS CORRECT.

IF YOU NEED TO CORRECT INFORMATION, CLICK GO BACK TO MAKE CHANGES. IT WILL TAKE YOU BACK TO PD FORM ON PREVIOUS SCREEN TO MAKE NECESSARY CHANGES.

Employee will receive confirmation once PD form has been submitted.



You have completed all of the documents. There is nothing further to do here. Thank you!



You are done. Thank you!

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Document(s) for your review:

1. Professional Development

[View first document](#)

[Download my document\(s\) as a PDF](#)

**EMPLOYEE NEEDS TO
DOWNLOAD PDF DOCUMENT
FOR THEIR RECORDS.**

* Bookmark or copy this page location to return later: <https://al.harrisschool.solutions/ChiltonCounty/P/59sQ1y93qrfqwXuAjbIS>

PD form will be routed through CCBOE Workflow. (Diagram attached)
Principal/Supervisor, Bookkeeper, Curriculum Coordinator, Teaching & Learning Coordinator, and CSFO will complete the following steps.

STEP 1: You will receive an email from Harris School Solutions that states you need to complete a standard package and disclosures package. It may also say a Professional Development Form has been submitted. Be on the lookout for either email. (See email example below)

Chilton County Schools <admin@al.harrisschool.solutions>
to me ▾



Standard Package & Disclosures submitted...

Greetings,

Cheri Wright has **submitted** a Standard Package & Disclosures. Please use the link below or access from your To Do list.

[Click here](#)



Thank you.
Chilton County Schools
1705 Lay Dam Road
Clanton, AL 35045
chilton@brent.com

If the above link is not active (e.g. nothing happens when you click on it), please copy the link below exactly as shown into your web browser's address or location field:
<https://al.harrisschool.solutions/ChiltonCounty/P/uEEffzOBzZG3Jex0MX2r>

Step 2: You will be directed to the PD website to complete package documents.



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Document(s) for your review:

1. Professional Development 

[Continue](#)



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Step 3: After you click continue, you will open the PD document submitted by the employee. Review document carefully before approving, rejecting, or returning. Portion to be completed:

Approval Signatures

Approve* Reject* Return*

Supervisor Signature: * Date: *
Sign Here

Bookkeeper Signature: Date:
- -

Fund Approver Signature: Date:
- -

Curriculum Coordinator Signature: Date:
- -

Teaching & Learning Rep Signature: Date:
- -

CSFO Signature: Date:
- -

Decision Reason:

Continue to review Return to the document list

IT IS BETTER TO RETURN THE PD FORM TO THE EMPLOYEE RATHER THAN REJECT THE FORM. EMPLOYEE CAN MAKE CORRECTIONS IF YOU RETURN FORM.

DECISION REASON MUST BE COMPLETED IF YOU REJECT OR RETURN FORM.

Step 4: Review Professional Development Form. It will be the full document plus signature at bottom. Submit signed document.

Submit signed document Go back to make changes

Principal/Supervisor, Bookkeeper, Curriculum Coordinator, Teaching & Learning Coordinator, and CSFO will receive confirmation once PD form has been submitted. Each person can download their portion of the PD form for records.

Once all portions have been approved, the employee will receive an email approval. (See example below):

Your Professional Development has been Approved! External Inbox x

Chilton County Schools <admin@al.harrisschool.solutions>
to me ▾



Your Professional Development has been Approved!

Greetings,

The Professional Development for Cheri Wright has been Approved! Please use the link below to review your document.

[Click here to view](#)



EMPLOYEE WILL NEED TO CLICK ON LINK AND SUBMIT A COPY OF SIGNED PD FORM TO THE BOOKKEEPER. PD FORM MUST BE APPROVED BEFORE AN EMPLOYEE CAN ATTEND PD.

Thank you.
Chilton County Schools
1705 Lay Dam Road
Clanton, AL 35045
chilton@brent.com

Employee will receive the travel reimbursement claim on the last day entered on the PD form.
Example email:



Travel Reimbursement Claim created...

Greetings,

Welcome back from your Professional Development event.

You indicated a Travel Reimbursement Claim was needed.

Please complete the Travel Reimbursement Claim and once completed print the form and attach the following documentation if required for reimbursement:

- Approved PD Form
- Agenda
- Google maps if mileage is being reimbursed
- Lodging receipt
- Meal receipts

Please use the link below to continue:

[Click here](#)



Thank you.
Chilton County Schools
1705 Lay Dam Road
Clanton, AL 35045
chilton@brent.com



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Document(s) for your review:

1. Travel Claim

Continue

Chilton County Schools
Travel Claim
07/20/2023

Employee Information

First Name: Last Name: School/Department: Email Address:
 Cheryl Wright Central Office cwright@chiltonschools.com

Title of Meeting: Place Of Meeting: Departure Date: Return Date:
 AAKSO Fall Conference 240 Paul W Bryant Dr Tuscaloosa AL 35403 07/19/2023 07/20/2023

Number Of Days: 1 Fund Approver: SPED Year: 2023 - 0.655

Professional Leave request:
 Professional/Development Wright Cheryl.pdf 93.5KB (Please read)

Hotel/Lodging & Meals

Date	Total	Meals: Maximum \$60 per day		
		Breakfast (Before 6:30 AM)	Lunch (11:00 AM - 2:00 PM)	Dinner (6:00 PM - 8:00 PM)
Sunday	\$	\$	\$	\$
Monday	\$	\$	\$	\$
Tuesday	\$	\$	\$	\$
Wednesday	\$	\$	\$	\$
Thursday	\$	\$	\$	\$
Friday	\$	\$	\$	\$
Saturday	\$	\$	\$	\$
Total Hotel Exp. Claimed:		Total Meals Exp. Claimed:		

Mileage

Date	From	To	Miles	# passenger, indicate your driver:	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Mileage Claimed:				Mileage * 0.65:	

Miscellaneous Expenses

Date	Description of Item	Quantity	Unit Price	Total
Total Miscellaneous:				

Total (Hotel, Meals, Transportation, Miscellaneous)

Total:

Certification of Traveler

I certify that the above expenses were actually incurred by me in the performance of my duties as an employee or committee member of Chilton County Schools.

Employee Signature: * Sign Here Date: _____

Continue to review Return to the document list Save

MAKE SURE TO CHOOSE CURRENT MILEAGE RATE

ENTER INFORMATION FOR CLAIM. ORIGINAL RECEIPTS MUST BE ATTACHED TO FORM. ALL RECEIPTS MUST BE SIGNED BY TRAVELER.

Employee will verify information on the next page. If there are corrections that need to be made, please click "Go back to make changes"

[Submit signed document](#)

[Go back to make changes](#)

Employee will received notification they are done. Download document to attach to original receipts to give to the bookkeeper for reimbursement.



You have completed all of the documents. There is nothing further to do here. Thank you!



You are done. Thank you!

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Document(s) for your review:

1. Travel Claim



[View first document](#)

[Download my document\(s\) as a PDF](#)



* Bookmark or copy this page location to return later: <https://al.harrisschool.solutions/ChiltonCounty/P/7nF8CoYyVwk4yQaOmdfn>

Employees will receive an email once all steps have been completed with the PD form and the travel claim form. If at any time during the process the PD form has not been routed, please email Cheri' Wright at bcmiley@chiltonboe.com and she can reroute the PD form.