

Monroe County School District
Out of County Travel - April 23, 2019

Employee Name	Dates	Purpose	Location
Nicole Smith	April 8-9, 2019	Great Florida Teach In	Orlando, FL
Kristy Bedell	Apr. 30 - May 2, 2019	Clinical Educator Facilitator Training	Tallahassee, FL
Lena Bertram Geoff Peattie	May 13-15, 2019	DOE/DJJ Annual Meeting	W. Palm Beach, FL
Melissa Alsobrooks	May 20-25, 2019	Summer Science Symposium Training	Tallahassee, FL
Alan Garcia	June 9-13, 2019	Annual Bus Technician Summere Workshop	Daytona, FL
Trevor Tyler	June 8-12, 2019	ACE Summer Symposium	Jupiter, FL
Andy Griffiths	June 11-14, 2019	FSBA Summer Conference	Tampa, FL
Theresa Axford	June 10-14, 2019	Summer Literacy Institute	Orlando, FL
Natallie Liz June Panella-Walsh Sarah Morton Leyla Nedin	June 10-13, 2019	FDOE: Just Read Florida Summer Instit.	Orlando, FL
Mellissa Alsobrooks Linda Britton, CSHS Kirsten Burns, KLS Lisa Castillo, HOB Katie Holtkamp, HOB Michael Roy, SLS E. Michelin, KWHS TBA-PKS Michelle Barry	June 16-19, 2019	Certiport Conference	Orlando, FL
Margret Kirkley Sarah Morton	June 17-21, 2019	Orton Gillingham Training for Older Students	Miami, FL
Mike Henriquez	June 18-20, 2019	ISRD Principals Summer Institute	Orlando, FL
Michael Michaud Tariel Moran	June 24-26, 2019	FAMIS Conference	Orlando, FL
Mark Leffler	July 7-12, 2019	PLTW Training, Computer Science	Orlando, FL
Tisa Lall TBA	July 21-26, 2018	Summer Science Symposium-Middle School	Wellington, FL
Melissa Hitchings	July 24-26, 2019	Project Lead the Way Teacher Training	Charlotte, NC
Kyla Shoemaker	July 26-30, 2019	Freedom Writers Summer Institute	Long Beach, CA



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Nicole Smith**

School/Department **Horace O'Bryant**

Position **Math Coach**

Requested Dates

From: 04/08/2019 Time 8:15 am

To: 04/09/2019 Time 1:00 pm

No. of Days: 1.5

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Great Florida Teach In

Orlando, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Nicole L Smith

Date:

4/3/19

Approved:

CMR

Date:

4-2-19

Not
Approved:

Date:

Leave
Granted:

Date:

Not
Granted:

Date:



**2019 Great Florida Teach-In
Wyndham Orlando Resort International Drive
Monday, April 8, 2019**

Sunday, April 7, 2019

4:00 p.m. – 6:00 p.m. - Load-in and Set-up Registration Area,
Exhibit Hall and Interview Rooms

Monday, April 8, 2019

7:00 – 8:00 a.m. - Load-in and Set-up (Booths set up by 8:15am)

8:00 a.m. - Candidate Registration Begins

8:30 a.m. - Exhibit Area Opens and Interviewing Begins

12:30 p.m. - Candidate Registration Closes

1:00 p.m. - Exhibit Area Closes and Load-out Begins

4:00 p.m. - Interviewing Ends

5:00 p.m. - Load-out Ends

*Please note that lunch will not be provided this year



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **Kristy Morehouse-Bedell**

School/Department **Coral Shores/Admin**

Position **Asst. Principal**

Requested Dates

From: **04/30/2019** Time **11:00 am**

To: **05/02/2019** Time **11:00 pm**

No. of Days: **4**

Type of Leave Requested

and June 4th 11:00 am-June 5th 11:00 pm

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☒ OTHER: also 6/4-6/5/19 for followup
Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Clinical Educator Facilitator Training

Tallahassee

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Kristy Morehouse Bedell

Date: **4/7/19**

Approved:

[Signature]

Date: **4/8/19**

Not

Approved:

Date:

Leave

Granted:

[Signature]

Date: **4/11/2019**

Not

Granted:

Date:

Kristy Bedell

From: Evans, Jenna <Jenna.Evans@fldoe.org>
Sent: Friday, March 29, 2019 5:12 PM
To: balaback@escambia.k12.fl.us; tdanielson@escambia.k12.fl.us; syfretts@leonschools.net; harvey@leonschools.net; lowet@bay.k12.fl.us; graham@bay.k12.fl.us; pricep@hdsb.org; teresa.mitchell@hdsb.org; whitek@santarosa.k12.fl.us; robin.hill@mcsbfl.us; kristy.grey@walton.k12.fl.us; mhiggins@fsu.edu; lauren.gibbs@unf.edu; jacksonc9@duvalschools.org; melinda.bogart@stjohns.k12.fl.us; dskarbek@flagler.edu; allend@mygcsd.org; easter.brown@myoneclay.net; criscionebl@gm.sbac.edu; roberta.ergle@ucf.edu; Oldhamc@lake.k12.fl.us; lrwilson@pasco.k12.fl.us; catkins@pasco.k12.fl.us; bhead@stetson.edu; clmahane@volusia.k12.fl.us; logan.johnson@marion.k12.fl.us; kelly.gassman@marion.k12.fl.us; stacie.padgett@lwcharterschools.com; rklein@fau.edu; ldassa@fau.edu; padgeth@martin.k12.fl.us; cmueller@mdc.edu; cronij@collierschools.com; patricia_goldman@scps.k12.fl.us; losgood@fsw.edu; sbennett@hardee.k12.fl.us; Kristy Bedell
Cc: Stewart, Abbey; McDaniel, Josey; Evans, Jenna
Subject: Clinical Education Facilitator Academy - Invitation
Attachments: CEFA - Overview and Agenda.pdf; CEFA - Gap Analysis Template.docx

Dear Colleague,

Thank you for your interest in participating in the Clinical Education Facilitator Academy (CEFA)! The department is excited to officially invite you to participate in the three-day academy that will be held in Leon County. Detailed meeting logistics are included below.

Dates and Time: May 1-2, and June 5, 2019
8:30 a.m. – 4:30 p.m.

Location: Turlington Building
325 West Gaines Street
Tallahassee, Florida 32399

Nearby Hotel: DoubleTree by Hilton Hotel Tallahassee
101 South Adams Street
Tallahassee, Florida 32301
850-224-5000

Over the next few months, you will engage in a community of practice with other developers of clinical education programs. Attached is an overview document designed to provide you with more context about the academy including the desired outcomes, essential skills that will be covered, agenda for the first two days, and pre-work to be completed before your arrival.

We humbly request that you make a full commitment to this experience. We understand the competing demands on your time, but we are confident that the focused professional learning of the academy will lead to better trained clinical educators. To that end, if you will be unable to complete the pre-work, post-work, or revisions to your current clinical educator program, or attend the program learning days in their entirety, we ask that you attend CEFA in the future.

Clinical Education Facilitator Academy

Overview and Agenda

Overview

Desired Outcomes

During the course of the academy, participants will engage in a community of practice with other clinical educator facilitators who are committed to the following:

- Deepening their knowledge around four essential skills of clinical educators
- Designing or revising their clinical educator programs
- Practicing providing and receiving feedback on adult learning program design
- Reflecting on how they evaluate the impact of their program
- Fostering partnerships with other districts and institutions

Essential Skills

The content of the academy is designed to build participants' knowledge around the following four essential skills of clinical educators:

1. Applying the research around mindset to their work with developing educators
2. Conducting content planning conferences
3. Being expert observers and diagnosticians of teaching and learning
4. Providing evidence-based, non-evaluative feedback

Pre-Work

In preparation for the academy, there is some pre-work participants must complete. This pre-work is designed to set us up for success as we dive into the four essential skills and walk participants through how to access additional resources related to each skill.

Please complete the following as pre-work to the academy by **Friday, April 19, 2019**:

1. Complete the pre-academy survey at https://www.surveymonkey.com/r/CEFA_Pre-Work_May-June2019.
2. Use the attached template to complete a gap analysis between your organization's current clinical education program and the outcomes for the state model program content.
3. Email your completed gap analysis to Jenna Evans at Jenna.Evans@fldoe.org.
4. Create a login for the Florida School Leaders site at www.floridaschoolleaders.org/.
 - o Half way down the page there are instructions on **How to Enter the Site** in a box. Click **REGISTER FOR FULL ACCESS** and submit your information.
5. Create a login for the Research for Better Teaching site at <https://www.rbteach.com/user/login>.
6. Download a copy of the inquiry cycle tool at <http://info.k-12leadership.org/instructional-leadership-inquiry-cycle-tool-intro?hsCtaTracking=8dca8300-0aae-475e-9cfa-e97f4de5ccfd%7C5d2d861a-afee-43d6-a256-ca0b27af6bab>.
7. Secure a copy of the instructional framework used by your organization.

Agenda

Day 1	
1	Welcome, Introductions, Overview of Program
2	Reflections on Gap Analyses
3	Break
4	Building Skill One Content Knowledge
5	Lunch
6	Continuation of Skill One
7	Break
8	Building of Skill Two Content Knowledge
9	Wrap Up and Forecast for Day Two

Day 2	
1	Welcome, Review Questions
2	Building Skill Three Content Knowledge
3	Break
4	Continuation of Skill Three
5	Lunch
6	Building Skill Four Content Knowledge
7	Break
8	Continuation of Skill Four
9	Next Steps, Wrap Up



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Social Security Number _____

Name Lena Bertram

School/Department Alt. Ed/DJJ Position Teacher

Requested Dates	
From:	Time
<u>5/13/19</u>	<u>8AM</u>
To:	Time
<u>5/14/19</u>	<u>4PM</u>
No. of Days: <u>2</u>	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

DJJ Annual Meeting

W. Palm Beach

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

0110-5100-330-0294-0001

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature

Lena R. Bertram

Date: 4/17/19

Approved:

Michael J. Henning

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Geoff Peattie**

School/Department **Keys Center/DJJ**

Position **DJJ Transition Manager**

Requested Dates	
From: 5/13/19	Time: 12:00 pm
To: 5/15/19	Time: 6:00 pm
No. of Days: _____	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

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ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

DOE/DJJ Annual Meeting

West Palm Beach, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

010 - 6100 - 330 - 0294-0001

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Geoff Peattie

Date: **4/17/19**

Approved:

Date:

Not
Approved:

Michael J. Henning

Date:

Leave
Granted:

Date:

Not
Granted:

Date:

2019 DOE/DJJ Regional Meeting Agenda

8:30 - 3:30

Welcome & Introductions

- **Department of Juvenile Justice**
 - Juvenile Justice Teacher of the Year
 - Reading Competition
 - Delinquency in Schools Data
 - Transition Data/Pilot
 - Climate/annual surveys
 - Changes to expect
 - ✚ Detention Risk Assessments
 - ✚ Community and Residential Risk Assessments
 - ✚ Detention Behavior Management System/Policy Changes
 - ✚ Monitoring and Quality Improvement Standards
 - ✚ Day Treatment- facility based/community-based
 - ✚ Youth Engagement Model
- **Department of Education**
 - Guidance counselor responsibilities
 - Data entry responsibilities
- Role specific group discussion

LUNCH **11:45- 1:00** (On your own)

- Groups report out
- Division of Accountability, Research and Measurement- ESSA Federal Index Ratings and DJJ School Accountability Updates
- Bureau of School Improvement-rule update
- Juvenile Justice Education School Improvement Workgroup Status
- Mental Health Training Requirement
- Annual report data
- CAPE requirements
- Coding errors

Wrap Up and Close

DOE/DJJ 2019 Annual Regional Meeting Schedule:
8:30 – 3:30

May 7, 2019 - Chipley

Panhandle Area Education Consortium
753 West Blvd.,
Chipley, FL

Ken Myers - Education Coordinator
Ken.Myers@djj.state.fl.us

May 9, 2019– Gainesville

Gainesville Education Center
Saint Leo University
4650 NW 39th Place, Suite B

Renette Crosby - Education Coordinator
Renette.Crosby@djj.state.fl.us

May 14, 2019– W. Palm Beach

Riviera Beach Preparatory Academy
7071 Garden Rd
West Palm Beach, FL 33404

Peter Keelan – Education Coordinator
Peter.Keelan@djj.state.fl.us

May 16, 2019– Orlando

Goodwill Building
7531 S. Orange Blossom Trail
Orlando, FL

Rowena Rose – Education Coordinator
Rowena.Rose@djj.state.fl.us

Joey Nice - Education Coordinator
Joey.Nice@djj.state.fl.us



Request for Leave

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RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Melissa Alsobrooks**

School/Department **Teaching and Learning**

Position **Science Coordinator**

Requested Dates

From: **05/20/2019** Time **8:00 am**

To: **05/25/2019** Time **10:00 pm**

No. of Days: **5**

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

Related to Injury-In Line of Duty

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

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☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Summer Science Symposium Training

Tallahassee Florida

Travel charged to:

FUND
0110

FUNCTION
6300

OBJECT
330

CENTER
9015

PROJECT
7018

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Melissa Alsobrooks

Digitally signed by Melissa
Alsobrooks

Date: 2019.04.08 10:53:59 -04'00'

Date: **04/08/2019**

Approved:

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

4/10/2019

Not

Granted:

Date:

Patricia Nicholas

From: Barber, Glenna <Glenna.Barber@fldoe.org>
Sent: Monday, April 1, 2019 5:01 PM
To: Melissa Alsobrooks; bakerl@duvalschools.org; sbarcellona@ecsd.me; mwbutler@pasco.k12.fl.us; roxannca@leeschools.net; cheri.dame@sarasotacountyschools.net; jennifer.davis.2@palmbeachschools.org; ferro.michelle@brevardschools.org; FollisKa@collierschools.com; harrisd@martin.k12.fl.us; johnson.lindac@brevardschools.org; lauren.king@sdhc.k12.fl.us; lwade@pasco.k12.fl.us; brittany.kiser@palmbeachschools.org; christinaml@leeschools.net; jmaxwell@pasco.k12.fl.us; Molledo.Magdalena@Brevardschools.org; nanneym@duvalschool.org; okoc623@gmail.com; johnO@LeeSchools.net; kelly.peterson@polk-fl.net; reinhardt.iori@brevardschools.org; ripperger.rhonda@brevardschools.org; Rutkowski.Tammie@Brevardschools.org; jenseebaran@gmail.com; shserida@pasco.k12.fl.us; sullivanj2@duvalschools.org; amanda.weekshughes@palmbeachschools.org; treitz@pasco.k12.fl.us; laura.widerberg@sdhc.k12.fl.us; neena.williams@polk-fl.net; jessica.zunker@palmbeachschools.org
Subject: Facilitator Rooming List May 21st - 24th
Importance: High

Good Afternoon,

I am preparing the rooming list for the facilitator training in Tallahassee on May 21st-24th. I need to know if you will be able to attend. I realize some of you will need to travel longer distances. With that in mind, please advise if you will need to check in on May 20th and /or leave on May 25th.

As soon as I receive your information, we can submit a letter to your superintendent requesting TDE for the meeting.

Take care,

Glenna Barber
Secondary Science Specialist, Office of STEM
Standards and Instructional Support
Division of Public Schools
Florida Department of Education
(850) 245-0529

Student Success Is Our STANDARD



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Requested Dates	
From:	Time
06/09/2019	8:00 am
To:	Time
06/13/2019	9:00 pm
No. of Days: 4	

Name Alan Garcia

School/Department Transportation

Position Mechanic

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

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☐ MILITARY LEAVE

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EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Annual Bus Technicians Summer Workshops

Daytona Beach, FL

Travel charged to:

FUND
0110

FUNCTION
7800

OBJECT
330

CENTER
9122

PROJECT
0001

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Date: 06-03-19

Approved:

Date:

Not
Approved:

Date:

Leave
Granted:

Date:

Not
Granted:

Date:



Florida Association for Pupil Transportation

EXECUTIVE COMMITTEE 2018-19 OFFICERS

Arby Creach, President
c/o Osceola District Schools
Arby.Creach@osceolaschools.net
(407) 518-4550

Jim Beekman, President-Elect
c/o Hillsborough District Schools
James.Beekman@sdhc.k12.fl.us
(813) 982-5570

Scott Pfender, Past President
c/o Lake District Schools
PfenderE@lake.k12.fl.us
(352) 536-8078

Region I (South) Director
Kayleen Watts
c/o Martin District Schools
Wattsk@martin.k12.fl.us
(772) 219-1287 ext 101

Region II (West Central) Director
Rick McBride
c/o Pinellas County Schools
mcbrideja@pcsb.org
(727) 547-7294

Region III (Central) Director
Bill Wen
c/o Orange County Public Schools
william.wen@ocps.net
(407) 317-3810

Region IV (N. Central, N. East) Director
Johnnie Jacobs
c/o Baker District Schools
Johnnie.Jacobs@bakerk12.org
(904) 259-2444

Region V (Panhandle) Director
Jay McInnis
c/o Okaloosa District Schools
mcinnisi@okaloosaschools.com
(850) 833-4161

Robert Manspeaker, DOE
Representative
School Transportation Management
c/o FL Department of Education
Robert.manspeaker@fldoe.org
(850) 245-9928

Don Ross, Vendor Representative
c/o FTS – Blue Bird
don.ross@fts4buses.com
(941) 209-0409 Mobile

Louise Piper, Executive Director
ExecDir@faptflorida.org
(772) 370-8260 Mobile
www.FAPTFlorida.org

February 14, 2019

MEMORANDUM

TO: Transportation Directors and Service Managers

FROM: Mike Frazee - Volusia District Schools
Tom Simco – Charlotte District Schools
Committee Co-Chairmen
FAPT Technicians Qualification and Standards Committee

CONTACT: Glen Enstice
Brevard District Schools
Phone: 321-302-9075
Email at Enstice.glen@brevardschools.org

SUBJECT: 30th Annual School Bus Technicians Summer Workshops

The Technicians Qualification and Standards Committee of the Florida Association for Pupil Transportation (FAPT), in conjunction with Volusia District Schools, has completed plans for the 30th Annual School Bus Technicians Summer Workshop. The workshop will provide school bus diagnostic and repair training both in classroom and hands-on settings.

The workshop dates are June 10-13, 2019, in Daytona Beach. A new class for the new technician will be offered (limited to 30 technicians) on Monday from 9am to noon. This class is a Bus Maintenance 101 and will cover topics such as diagnostics and electrical for the new tech. Regular classes begin on Monday at noon and end on Thursday at noon. On Tuesday and Wednesday classes will start at 7 am and continue until 6 pm.

Class reservations are secured by completing the following on-line registration form on a **first come, first serve basis**. [Technicians Summer Workshop On-Line Registration Form](#) A registration confirmation packet including all pertinent information will be emailed four (4) weeks prior to the workshop.

COST: \$150.00 per person which includes tuition, registration fees, supplies, and some meals (does not include lodging). Late registration is \$200.00 per person as of April 16. Registrations will not be accepted after May 1, 2019.

REGISTRATION DEADLINE: April 15, 2019. Late registration April 16-May 1, 2019.

All payment information will be provided with an invoice when registration is received.

Florida Association for Pupil Transportation
PO Box 1248
New Smyrna Beach, FL 32170
(407) GRO-FAPT (476-3278)



Florida Association for Pupil Transportation

Because we must guarantee student count, there are NO refunds for cancellations; however, substitutions can be made prior to the start of the workshop.

Choose from the following for each participant:

Monday Morning Optional Class for New Technicians:

- Yes
- No

Monday Afternoon Class Options:

Note: All technicians must register for one.

- Meritor
- Braun Lift
- Ricon Lift
- NAPA

Cummins Class Option:

Note: Cummins training will be offered to a maximum of 8 technicians and no two will be from the same district. The instruction is limited to school bus engines ONLY and NO training will be provided on white fleet trucks for Dodge/ Chrysler/Fiat vehicles. A technician who is registered for Cummins will remain in this class from Tuesday morning until the workshop ends on Thursday at noon. Priority will be given to districts that did not have a technician attending the Cummins Class in 2018.

Tuesday Class Options

Each technician must register for a morning and an afternoon class. If Allison is selected, the technician will remain in this class all day. All other classes are one half-day only and two different classes must be selected.

- MCC Air – 5 hour Class
- ACC Air – 5 Hour Class
- RAC Air – 5 Hour Class
- TransAir – 5 Hour Class
- Allison – 10 Hour Class

OEM Classes on Wednesday and Thursday

Each technician who is not in the Cummins class must register for one of the following OEM Classes and will remain in this class all day Wednesday and until the workshop is over on Thursday.

- BlueBird
- IC
- Thomas

FAPT Testing: VST, MRT, or PST (participants and walk ins)

Florida Association for Pupil Transportation
PO Box 1248
New Smyrna Beach, FL 32170
(407) GRO-FAPT (476-3278)



Florida Association for Pupil Transportation

FAPT Vehicle Service Technician (VST), Master Repair Technician (MRT), and Parts Specialist (PST) certification tests will be given on Monday and Tuesday evenings. Persons registered for the workshop must also complete an on-line registration form if they wish to take VST, MRT or PST test(s). Tests are \$15 and will be conducted on Tuesday June 11, 2019 at 4 pm. Workshop participants and walk-ins must register using the [MRT, VST, PST Test Registration](#). All retests are also \$15.00 per test *Payment must be received prior to testing.*

Hands-On Safety Inspector Testing

Additionally, Florida School Bus Safety Inspector Certification **hands-on testing** will be available. Registration is required by using the on-line registration form at the following link. [Hands-on Safety Inspector Testing](#). *Payment of \$50 must be received prior to testing.*

We encourage you to take advantage of this training opportunity and thank you for your continued interest and support. Remember, there is scholarship funds available which has been previously posted on the FAPT website. Please feel free to contact any committee member if you have any questions or suggestions.

NOTE: Each district will be responsible for the lodging of their participants.

Recommended accommodations are listed below, please mention FAPT to receive discounted rate of \$75.65 per night including breakfast. Please send in tax exempt form to hotel.

**Best Western Plus International Speedway
2620 International Speedway, Daytona Beach, FL 32114
PHONE: 386-258-6333 FAX 386-254-3698
*bwdaytonaspeedway.com***

Florida Association for Pupil Transportation
PO Box 1248
New Smyrna Beach, FL 32170
(407) GRO-FAPT (476-3278)



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name

School/Department

Position

Requested Dates	
From:	Time
To:	Time
No. of Days:	

Type of Leave Requested

VACATION

SICK LEAVE

Related to Injury-In Line of Duty

PERSONAL LEAVE

*With Pay

Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

JURY DUTY

MILITARY LEAVE

FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee

Signature:

Date:

Approved:

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

XXX-XX-

Social Security Number

Andy Griffiths

Name

School Board

Board Member

School/Department

Position

Requested Dates

From: Time
June 11, 2019 8:00 am

To: Time
June 14, 2019 5:00 pm

Number of Working Days:

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

____ Related to Injury-In Line of Duty

☐ PERSONAL LEAVE ____ *With Pay ____ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

☐ EXTENDED SICK LEAVE - (Without Pay) Related to: ____ ILLNESS ____ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER: _____ ☐ TEMPORARY DUTY IN-COUNTY: _____
Explain Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting FSBA Summer Conft Location Tampa, FL

Travel charged to:	FUND	FUNCTION	OBJECT	CENTER	PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee

Signature: Andy Griffiths

Date: April 18, 2019

Approved:

Principal/Director

Date: _____

Not

Approved:

Principal/Director

Date: _____

Leave

Granted:

Superintendent

Date: _____

Not

Granted:

Superintendent

Date: _____



Wednesday, June 12, 2019
FSBA/FADSS Annual Summer Conference - TENTATIVE AGENDA

FSBA/FADSS Annual Summer Conference
June 12-14, 2019
Grand Hyatt Tampa Bay
Tampa, Florida

WEDNESDAY, JUNE 12, 2019 - TENTATIVE AGENDA

8:00 a.m. - 5:00 p.m. Conference Registration - Audubon Foyer (1st Floor)

7:30 - 9:00 a.m. FSBA Executive Officers' Breakfast and Meeting - President's Suite

9:00 - 9:30 a.m. Finance Committee Meeting

9:30 - 10:30 a.m. Leadership Services Committee Meeting

10:30 a.m. - 12:00 noon Legislative Committee Meeting

11:30 a.m. - 1:00 p.m. FEITF Meeting

12:00 noon - 1:00 p.m. Lunch on your own

1:15 - 3:15 p.m. Committee Meeting

3:30 - 5:00 p.m. FSBA Board of Directors' Meeting

THURSDAY, JUNE 13, 2019 - TENTATIVE AGENDA

7:00 a.m. - 5:00 p.m. Conference Registration - Audubon Foyer (1st Floor)

7:30 - 8:30 a.m. Continental Breakfast - Audubon Foyer (1st Floor)

7:30 - 8:30 a.m. Breakfast Meetings - FSLRS Board of Directors; Small District Council; CFPSBC; NEFCSB

8:45 - 10:15 a.m. Opening General Session

10:00 a.m. - 5:00 p.m. Non-Profit Showcase - (3 entities in hallway)

10:15 - 10:30 a.m. Break - Audubon Foyer (1st Floor)

10:30 a.m. - 12:00 noon FSBA General Membership Business Meeting {Time Certain ?? - BOD Elections (odd-numbered districts) AND Time Certain ?? - Election and Swearing in of FSBA Executive Officers for 2019-2020}

10:45 a.m. - 3:30 p.m. FADSS Superintendent Leadership Development Training Program (Superintendents Only)

12:00 noon - 1:00 p.m. Networking Luncheon/Award Ceremony

1:15 - 2:15 p.m. Breakout Session I (6 topics each presented twice)

2:15 - 2:30 p.m. Break - Audubon Foyer (1st Floor)

2:30 - 3:30 p.m. Breakout Session II (6 topics each presented twice)

2:30 - 3:30 p.m. FELL Meeting

3:30 - 3:45 p.m. Break - Audubon Foyer (1st Floor)

3:45 - 4:45 p.m. Breakout Session III (6 topics each presented twice)

3:45 - 5:00 p.m. FADSS Board of Directors' Meeting

5:00 - 5:45 p.m. Greater Florida Consortium of School Boards Business Meeting and Reception

5:30 - 6:30 p.m. Reception

FRIDAY, JUNE 14, 2019 - TENTATIVE AGENDA

7:30 - 8:30 a.m. Continental Breakfast - Audubon Foyer (1st Floor)

7:30 - 10:30 a.m. Conference Registration - Audubon Foyer (1st Floor)

8:00 - 10:00 a.m. General Session II

10:00 - 10:15 a.m. Break - Audubon Foyer (1st Floor)

10:15 a.m. - 12:00 noon Legislative Advocacy and Session Review

Florida School Boards Association



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name *Theresa Axford*

School/Department
District

Position
Ex. Dir. of Teaching and Learning
Type of Leave Requested

Requested Dates	
From:	Time
<i>6/10</i>	<i>8:00</i>
To:	Time
<i>6/17</i>	<i>8:00</i>
No. of Days: <i>5</i>	

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting



TEMPORARY DUTY ELSEWHERE: Nature of meeting

2019 Summer Literacy Institute

Location: *Orlando*

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Theresa Axford

Date:

4/5/2019

Approved:

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:

Theresa N. Axford

Subject: FW: 2019 Summer Literacy Institute

From: Dodd, Shannon <Shannon.Dodd@fldoe.org>

Sent: Wednesday, March 20, 2019 11:30 AM

To: Natallie Liz <Natallie.Liz@KeysSchools.com>; Sarah Adams Morton <Sarah.Morton@KeysSchools.com>; Sarah Adams Morton <Sarah.Morton@KeysSchools.com>; Sarah Adams Morton <Sarah.Morton@KeysSchools.com>; Theresa N. Axford <Theresa.Axford@KeysSchools.com>

Subject: 2019 Summer Literacy Institute

Dear Partner(s) in Education,

We are so pleased to confirm that the following nominees have been registered to attend our 2019 Summer Literacy Institute.

District	Name	Grade(s)	Conference Track
Monroe County School District	Natallie Liz	K-12	English Language Learner (ELL) Coordinator
Monroe County School District	Sarah Adams Morton	K-12	Curriculum Directors
Monroe County School District	TBA	Elementary	Instructional Coach
Monroe County School District	TBA	Secondary	Instructional Coach
Monroe County School District	Theresa Axford	K-12	Curriculum Directors

Please note that each member of your team has been placed in a designated Conference Track based on their position. Below are the various Conference Tracks that will be offered. If there is an error in the assigned track, please reply to this email letting me know if changes need to be made. I would highly suggest making sure that your team is divided among the offered tracks in order for your team to receive the most information. If you are listed as "Unassigned", please reply to this email and let me know which track is most appropriate for you.

Tracks that will be offered at the 2019 Summer Literacy Institute:

- *ELA Specialist*
- *Instructional Coach*
- *Curriculum Director*
- *ESE/Student Services*
- *MTSS*
- *ELL*
- *Title 1*
- *PD*

The **2019 Summer Literacy Institute will take place June 11 – 13**. In addition to timely breakout sessions, our distinguished Keynote Speakers include:

- ***Timothy Shanahan, Distinguished Professor and Presenter***

- **Janet Zadina, Educational Neuroscientist**
- **Diane August, Researcher and Director at the Center for English Language Learners at the American Institutes for Research**

There is no registration cost associated with the 2019 Summer Literacy Institute, however districts/institutions will be responsible for covering costs associated with travel and accommodations for each of their attendees.

We will be hosting the institute at:

Hilton Orlando Lake Buena Vista
1751 Hotel Plaza Boulevard,
Lake Buena Vista, FL 32830

Reservations should be made by **April 30, 2019** to receive the room block rate of **\$139 per night** using this link: <https://book.passkey.com/go/SummerLiteracyInstitute>.

Currently, we have some remaining openings and you may continue to add or make changes to your list through the Survey Monkey or simply by emailing me with **Name, Email, Grades (Elem, Sec, K-12) and Preferred Conference Track**. My suggestion would be to consider district level individuals who are working with schools in need of a School Improvement Plan since there will be sessions centered around ESSA and using data effectively. Please be aware that at the end of this week we will be opening registration to Charter Schools so I would highly recommend securing your spots prior to Friday.

As we continue planning, we are growing increasingly more excited! If you have any questions, please reach out to Heather Willis-Doxee at 850-245-9541 or Heather.Willis-Doxsee@fldoe.org.

Looking forward to June!

The *Just Read, Florida!* Team

Shannon Dodd
 Just Read, Florida!
 Florida Department of Education
 325 West Gaines Street
 Tallahassee, FL 32399-0400
 850-245-7894



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

DIVISION OF PUBLIC SCHOOLS
Highest Achievement...Every Student, Every Day.



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Natalie Liz**

School/Department **District Office**

Position **ESOL Coordinator**

Requested Dates	
From:	Time
06/10/2019	11:00 am
To:	Time
06/13/2019	7:00 pm
No. of Days: 4	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:
A Doctor's statement is required for any extended sick leave that exceeds 30 days

ILLNESS

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

FDOE: Just Read Florida, Summer Institute

Orlando, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee **natalie.liz@keysschools.com**
Signature: **s.com**

Digitally signed by
natalie.liz@keysschools.com
DN: cn=natalie.liz@keysschools.com
Date: 2019.04.05 09:18:14 -04'00'

Date: **04/05/2019**

Approved:

Date: **2019.04.08 17:37:24 -04'00'**

Date: **04/08/2019**

Not

Approved:

Date:

Leave

Granted:

Date: **4/10/2019**

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **June Panella-Walsh**

School/Department **Key West High School**

Position **Literacy Coach**

Requested Dates	
From:	Time
06/10/2019	11:00 am
To:	Time
06/13/2019	7:00 pm
No. of Days: 4	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE ☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

FDOE: Just Read Florida, Summer Institute

Orlando, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee Signature: **June Panella-Walsh**

Digitally signed by June Panella-Walsh

Date: 2019.04.08 10:30:14 -04'00'

Date: **04/08/2019**

Approved:

Date: **2019.04.08**
17:36:25 -04'00'

Date: **04/08/2019**

Not

Approved:

Date:

Leave

Granted:

Date:

4/10/2019

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Sarah Adams Morton**

School/Department **Teaching and Learning**

Position **Literacy Coordinator**

Requested Dates	
From:	Time
06/10/2019	11:00 am
To:	Time
06/13/2019	7:00 pm
No. of Days: 4	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Just Read Florida Summer Literacy Institute

Orlando, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Date: 2019.04.08

17:39:27 -04'00'

Date: 04/08/2019

Approved:

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

4/20/2019

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Leyla Nedin**

School/Department **Sugarloaf School**

Position **Literacy Coach**

Requested Dates

From: 06/10/2019 Time 11:00 am

To: 06/13/2019 Time 7:00 pm

No. of Days: 4

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:
A Doctor's statement is required for any extended sick leave that exceeds 30 days

ILLNESS

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

FDOE: Just Read Florida, Summer Institute

Orlando, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Leyla Nedin

Digitally signed by Leyla Nedin
Date: 2019.04.04 14:06:57 -04'00'

Date: 04/04/2019

Approved:

Date: 2019.04.08
17:36:56 -04'00'

Date: 04/08/2019

Not

Approved:

Date:

Leave

Granted:

Date:

4/10/2019

Not

Granted:

Date:

2019 Summer Literacy Institute

JUNE 10 - 13

ORLANDO, FLORIDA



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

DIVISION OF PUBLIC SCHOOLS
Highest Achievement...Every Student, Every Day.

Monday, June 10

2:30-3:00	Registration for Higher Education Participants
3:00-5:00	Registration for School Districts, Schools and Educational Partners Higher Education Pre-Conference Workgroup

Tuesday, June 11

8:00-10:00	Introductions Keynote Speaker 1: Timothy Shanahan
10:15-11:45	Breakout Sessions
11:45-1:15	Lunch
1:15-2:45	Breakout Sessions
3:00-4:30	Keynote Speaker 2: Janet Zadina: Brain-Based Learning

Wednesday, June 12

8:30-10:00	Breakout Sessions
10:15-11:45	Breakout Sessions
11:45-1:15	Lunch
1:15-2:45	Keynote Speaker 3: Janet Zadina: Addressing Anxiety, Stress and Trauma
2:45-3:15	ESSA Talk
3:30-4:30	Team Time: Facilitated Size-Alike District Groups

Thursday, June 13

8:30-9:45	Keynote Speaker 4: Diane August: Closing the Achievement Gap for English Language Learners
10:00-11:00	Breakout Sessions: DOE Department Specific
11:15-12:00	DOE Senior Leadership Presentation



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name Melissa Alsdorcks

School/Department

Teaching and Learning

Position

teacher

Science Coordinator

Type of Leave Requested

Requested Dates	
From:	Time
06/16/2019	8:00 am
To:	Time
06/19/2019	8:00 pm
No. of Days: 4 days	

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting



TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Melissa Alsdorcks

Date:

4-3-19

Approved:

[Signature]

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Requested Dates	
From:	Time
06/16/2019	8:00 am
To:	Time
06/19/2019	8:00 pm
No. of Days: 4 days	

Name Linda Britton

School/Department Coral Shores

Position Teacher

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Certiport Conference

Location:

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee

Signature: Linda Britton

Date: 3/29/2019

Approved: Blake Fry

Digitally signed by Blake Fry
DN: c=US, ou=Monroe County School District,
email=Blake.Fry@monroecounty.k12.fl.us,
Date: 2019.03.29 13:36:02 -0400

Date: 3/29/19

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name

Kirsten Burns

School/Department

Key Largo

Position Teacher

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒

TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Approved:

Not

Approved:

Leave

Granted:

Not

Granted:

Date:

Date:

Date:

Date:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **Lisa Castillo**

School/Department **HOB**

Position **Teacher**

Requested Dates

From: **06/16/2019** Time: **8:00 am**

To: **06/19/2019** Time: **8:00 pm**

No. of Days: **4 days**

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting



TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Lisa Castillo

Date: **3/25/19**

Approved:

[Signature]

Date: **3-26-19**

Not

Approved:

Date:

Leave

Granted:

[Signature]

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name

Katie Horkamp

School/Department

HOB

Position Teacher

ART TEACHER

Requested Dates

From: 06/16/2019 Time 8:00 am

To: 06/19/2019 Time 8:00 pm

No. of Days: 4 days

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒

TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee Signature:

Katie Horkamp

Date: 4/3/19

Approved:

[Signature]

Date: 4-5-19

Not

Approved:

Date:

Leave

Granted:

[Signature]

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Michael Roy**

School/Department
Sugarloaf

Position **Teacher**

Requested Dates

From: **06/16/2019** Time **8:00 am**

To: **06/19/2019** Time **8:00 pm**

No. of Days: **4 days**

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to: **ILLNESS**
A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒

TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Michael Roy

Date: **April 4, 2019**

Approved:

Harry Russell

Date: **4-5/2019**

Not

Approved:

Date:

Leave
Granted:

Cheryl Gifford

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Ebenson Michelin**

School/Department **KWHS/CTE**

Position **Teacher**

Requested Dates	
From:	Time
06/16/2019	8:00 am
To:	Time
06/19/2019	8:00 pm
No. of Days: 4 days	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Certiport Conference

Location:

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Rev E.A.

Date: 03/25/2019

Approved:

amber.acevedo@keysschools.com

Digitally signed by amber.acevedo@keysschools.com
DN: cn=amber.acevedo@keysschools.com,
c=US, o=Monroe County Schools, ou=Key Schools, email=amber.acevedo@keysschools.com

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:

HS-T. TRAVIS



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **TBA**

School/Department **PKS**

Position **Teacher**

Requested Dates	
From:	Time
06/16/2019	8:00 am
To:	Time
06/19/2019	8:00 pm
No. of Days: 4 days	

Type of Leave Requested

- ☐ VACATION
- ☐ PERSONAL LEAVE ☐ *With Pay ☐ Without Pay
 (*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)
- ☐ JURY DUTY ☐ MILITARY LEAVE ☐ SICK LEAVE
 Related to Injury-In Line of Duty
- ☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

A Doctor's statement is required for any extended sick leave that exceeds 30 days

ILLNESS

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting



TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee

Signature:

Date:

Approved:

Lisa Taylor

Date:

4/10/19

Not

Approved:

Date:

Leave

Granted:

Debra Ayala

Date:

4/12/19

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Requested Dates	
From:	Time
06/16/2019	8:00 am
To:	Time
06/19/2019	8:00 pm
No. of Days: 4 days	

Name

MICHELE BARRY

6254

School/Department

Key Largo School

Position Teacher

0291

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Certiport Conference

Orlando - FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Michele Barry

Date: March 28, 2019

Approved:

[Signature]

Date:

Not

Approved:

Date:

Leave

Granted:

[Signature]

Date: Apr. 19, 2019

Not

Granted:

Date:

CERTIFIED 2019 | JUNE 17 - 19

**ANNUAL CERTIPOINT EDUCATOR
CONFERENCE**

ORLANDO, FLORIDA

Pricing

Register (<http://www.cvent.com/d/2gqbki/4W>)

Register today to begin your CERTIFIED 2019 experience—and take advantage of our largest promotions and discounts:

Early Bird Pricing:

If you register by **April 15**, you will receive **\$100** off the price of the full conference pass.

Group Discount:

Groups of 5 or more will receive an additional 10% discount.

What does the conference fee include?

Please refer to the table on the right for conference fee inclusions.

PLEASE NOTE: Conference fees do not include hotel or travel. Certiport has negotiated an exclusive \$159/night hotel rate at the Hilton Orlando Lake Buena Vista. To receive the discounted rate, you must book your room through the **CERTIFIED 2019 Hotel registration site**.

*Tax not included

\$595

Early-Bird Pricing

- Admission to all sessions
- Admission to all networking events
- Admission to all conference meals
- Conference materials and promo items
- Discounted hotel room rates

\$695

Regular Pricing

- Admission to all sessions
- Admission to all networking events
- Admission to all conference meals
- Conference materials and promo items
- Discounted hotel room rates

10% Group Discount

- Groups of 5 or more will receive an additional 10% discount.
 - Discount will be applied at time of registration.
- Groups must register all attendees under the same account using the conference registration system.
- For more information about group discounts please email conferences@adobe.com

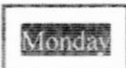
The Adobe Certified Associate and Microsoft Office Specialist U.S. National Championship

Experience the power of the certification at the Adobe and Microsoft Office Specialist U.S. National Championship. As a CERTIFIED 2019 attendee, you'll have the opportunity to experience the excitement and competition of both the **Microsoft Office Specialist U.S. National Championship**—a nationwide competition that tests top students' on their Microsoft Office Word, Excel, and PowerPoint skills, and the **Adobe Certified Associate U.S. National Championship**—a national competition that tests students' design skills using Adobe Photoshop, Illustrator and InDesign. This includes attending the exclusive awards ceremony and watching each states' champions compete for gold and a chance to represent the U.S. at the 2019 World Championship in New York City.

[Learn more about being a sponsor](#)

OUR 2019 SPONSORS

AGENDA

- 
-

8:00 am – 5:00 pm

Certification and Practice Test Labs Open

12:00 noon – 1:30 pm

Lunch

3:30 pm – 4:30 pm

Focus Groups

6:30 pm – 9:00 pm

Networking Reception and Exhibits

• Tuesday

7:00 am – 8:45 am

Networking Breakfast and Exhibits

10:30 am – 11:00 am

Break

12:00 noon - 1:30 pm

Networking Lunch and Exhibits

3:00 pm – 3:30 pm

Break

4:30 pm – 5:30 pm

Free Time / Ask the Experts

8:00 pm – 10:00 pm

US Nationals Awards Ceremony

•

Wednesday

9:30 am – 10:30 am

Breakout Sessions

11:00 am – 12:00 pm

Closing General Session - Clint Pulver



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Margret Kirkley**

School/Department **Key Largo School**

Position **Literacy Coach**

Requested Dates

From: 06/17/2019 Time 5:00 am

To: 06/21/2019 Time 6:00 pm

No. of Days: 5

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Orton Gillingham Training for older students

Location:

Miami, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

7004

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Margret Kirkley

Digitally signed by Margret Kirkley
Date: 2019.04.09 11:27:02 -04'00'

Date:

Approved:

Date: 2019.04.09
11:38:51 -04'00'

Date:

Not

Approved:

Date:

Leave

Granted:

Date: 4/10/2019

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Sarah Adams Morton**

School/Department **Teaching and Learning**

Position **Literacy Coordinator**

Requested Dates

From: 06/16/2019 Time 2:00 pm

To: 06/21/2019 Time 8:00 pm

No. of Days: 6

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Orton Gillingham Training- for older students

Location:

Miami, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

7004

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee

Signature:

Date: 2019.04.09

11:21:04 -04'00'

Date: 04/08/2019

Date:

Approved:

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:

IMSE Intermediate Orton-Gillingham Training (30 hours)

The IMSE Intermediate training provides participants with an understanding of IMSE's Orton-Gillingham methodology specifically designed for upper elementary or older students who require foundational reading skills and continue to struggle in literacy development.

Participants will learn how to teach advanced spelling rules, encoding/decoding with seven syllable types, morphology, and vocabulary. This course offers more of an in-depth study on orthography (advanced spelling rules) and morphology (affixes, Greek/Latin bases) for struggling students, but will include some phonics as well. This approach can be incorporated into an already existing literacy program. *See note below about overlap between the Comprehensive and Intermediate courses.

The Intermediate course is primarily geared towards upper elementary aged students and/or students who lack a basic knowledge of orthography, morphology, and vocabulary. This course is applicable for all three tiers of RTI. Therefore, the course is for:

- 3-5 General Education
- 3-12 Special Education, Remedial, Tutors
- ELL Educators
- Speech Language Therapists who want to expand their knowledge in literacy
- Adult Literacy Educators
- Anyone else who wants to expand their knowledge in orthography and morphology

Participants will learn:

- Higher level spelling rules
- Syllabication patterns for encoding and decoding
- Assessment
- Morphology- affixes, Latin and Greek bases
- Vocabulary
- Guidelines for weekly lesson plans

Materials Provided:

- *IMSE Intermediate Training Manual*
- *Unlocking Literacy* by Marcia Henry
- *Vocabulary Handbook* by Diamond and Guttlohn
- *IMSE Encoding and Decoding Teacher Guide and Student Workbook*
- *How to Teach Spelling* by Rudginsky and Haskell
- *IMSE Morphology Card Pack*
- *3 week trial of IOG* (available for purchase after trial)

IMSE OG Weekly:

In addition to the above materials, participants who complete the training will automatically be eligible to receive OG Weekly, IMSE's weekly email support system, designed to provide continued guidance after the completion of your training.



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Requested Dates

June 18th

From:

Time:

June 20th

TO:

Time:

Number of Working Days: 2Days

Henriquez, Mike

Name

Alternative Education Centers

Coordinator

School/Department

Position

Type of Leave Requested

☐ **VACATION**

(Please Circle One)

☐ **SICK LEAVE**

Related to Injury-In-Line of Duty

☐ **PERSONAL LEAVE - *With Pay Without Pay**

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet.)

☐ **JURY DUTY**

☐ **MILITARY LEAVE**
Shall not exceed 17 working days

☐ **FAMILY MEDICAL LEAVE**
Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed and submitted with leave request form.

☐ **EXTENDED SICK LEAVE - (Without Pay) Related to: _____ ILLNESS _____ INJURY in the line of duty.**

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ **OTHER:**

Related to Illness-In-Line of Duty

Explain

☐ **TEMPORARY DUTY ELSEWHERE: Nature of _____ ISRD Principal's Summer Institute! Location _____ Orlando, FL**

0110-6300.0300.0294.0001

In order to receive reimbursement for this leave a travel voucher must be submitted to the District Office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda.

Signature Of Employee: Michael J. Henriquez Date: _____

Approved: _____ Date: _____
Principal/Director

Not Approved: _____ Date: _____
Principal/Director

Leave Granted: _____ Date: _____
Superintendent

Not Granted: _____ Date: _____
Superintendent

Ayesha Osborne

From: Mike Henriquez
Sent: Thursday, March 7, 2019 9:16 AM
To: Ayesha Osborne
Subject: FW: Attend ISRD Principal's Summer Institute

Follow Up Flag: Follow up
Flag Status: Flagged

Ayesha,

This is the location of the Summer Institute. Fran made a reservation and we needed to change it to your card. We'll also need to send in a TDE for board approval. All expenses will be re-imbursable by ISRD.

Michael J. Henriquez
Coordinator of Alternative Education
Monroe County School District
305-293-1549 ext. 54444

From: Institute for Small and Rural Districts <schmitgesa@nefec.ccsend.com> **On Behalf Of** Institute for Small and Rural Districts
Sent: Wednesday, March 6, 2019 2:51 PM
To: Mike Henriquez <Mike.Henriquez@KeysSchools.com>
Subject: Attend ISRD Principal's Summer Institute

ISRD Principal's Summer Institute

When

Tuesday, June 18, 2019 at 1:00 PM EDT

-to-

Wednesday, June 19, 2019 at 1:00 PM EDT

[Add to Calendar](#)

Dear Michael,

You are invited to attend the ISRD Principal's Summer Institute!

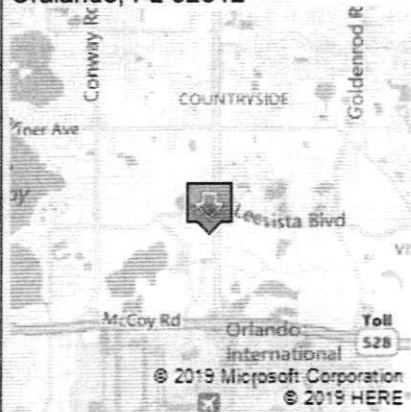
Click the link below to register.

Where

DoubleTree by Hilton Orlando
Airport Hotel
5555 Hazeltine National Drive

[Register Now!](#)

Orlando, FL 32812



[Driving Directions](#)

Please join us at the DoubleTree by Hilton Orlando Airport Hotel. **Please [CLICK HERE](#) to reserve your room for this event!**

We appreciate your interest in this event and look forward to seeing you there!

Sincerely,

Alice Schmitges
Institute for Small and Rural Districts
schmitgesa@nefec.org
386-329-3894

Institute for Small and Rural Districts, 3841 Reid Street, Palatka, FL 32177

[SafeUnsubscribe™](#) mike.henriquez@keysschools.com

[Update Profile](#) | [About our service provider](#)

Sent by schmitgesa@nefec.org in collaboration with

Constant Contact 

Try it free today

Good Afternoon,

We are excited that you have registered to attend the ISRD Principal's Summer Institute in Orlando on June 18th and 19th. Please click [HERE](#) to make your hotel reservation. As a reminder, the institute begins at 1:00 pm EST on 6/18/19 and ends at 1:00 pm EST on 6/19/19, so please book your room accordingly. You will be required to provide credit card information in order to reserve your room; this card will not be charged a deposit (this card will only be charged in the instance of a no show). At check-in, your room and self-parking costs will be charged to ISRD's master account (valet parking will be charged as an incidental). The hotel staff will require that a card be presented at check-in to cover possible incidental expenses. A hold of \$25 per day will be placed on this card at check-in and will be released at check-out. I confirmed with the hotel that this hold will not show as an actual charge/refund, so a receipt will not be required for those using a district purchase card.

Please contact me with any questions or concerns.

Thank you,

Amber Keene

Administrative Assistant

3841 Reid Street

Palatka, FL 32177

386-329-3894

keenea@NEFEC.org



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Michael Michaud**

School/Department **Student Information Services** Position **Coordinator SIS**

Requested Dates

From: **06/24/2019** Time **7:00 am**

To: **06/26/2019** Time **4:00 pm**

No. of Days: **3**

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to: **ILLNESS**
A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

FAMIS Conference

Location:

Orlando

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Michael Michaud

Digitally signed by Michael
Michaud
Date: 2019.02.20 08:58:20 -05'00'

Date: **06/24/2019**

Approved:

Date:

Not
Approved:

Date:

Leave
Granted:

Date:

Not
Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **Tariel Moran**

School/Department **SIS**

Position **Programmer/Analyst**

Requested Dates

From: **06/24/2019** Time **7:30 am**

To: **06/26/2019** Time **4:30 pm**

No. of Days: **3**

Type of Leave Requested

☐ VACATION

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to: **ILLNESS**

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

2019 FAMIS Conference

Location:

Orlando, Florida

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Tariel Moran

Digitally signed by Tariel Moran
DN: cn=Tariel Moran, o=Monroe County School District,
ou=SIS Department,
email=Tariel.Moran@keysschools.com, c=US
Date: 2019.04.08 12:13:14 -04'00'

Date:

Approved:

Michael Michaud

Digitally signed by Michael
Michaud
Date: 2019.04.08 12:19:37 -04'00'

Date: **04/08/2019**

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:

FAMIS Conference 2019

This Agenda is still in DRAFT Status
Please scroll to the bottom for the "Printer Friendly" option

Monday, June 24, 2019

Vendors

- | | | |
|--------------------|--|---|
| 9:00 AM - 11:30 AM | Vendor Hall Setup
Vendor Hall setup starts at 9am. Vendors MUST be fully set up by 11:30am | ◆ |
| 11:30 AM - 5:00 PM | Vendor Hall
Vendor Hall open from 11:30am - 5pm Monday *****Reception to follow from 5:30 - 7:30pm.
Everyone should plan to attend! | ◆ |

Learning Session

- | | | |
|---------------------|--|---|
| 12:00 PM - 12:30 PM | Opening Session
TBA
Opening Session for FAMIS 2019 | ◆ |
| 12:45 PM - 5:15 PM | Break Out sessions (Monday Afternoon)
Break out Sessions provided by DOE, District Staff & Vendors | ◆ |

Food and Beverages

- | | | |
|-------------------|--|--|
| 2:50 PM - 3:05 PM | Monday Afternoon Break- Snack Provided
Vendor Hall
Snacks and Beverages will be provided in the Vendor Area. | |
|-------------------|--|--|

Prize Sessions

- | | | |
|-------------------|--|---|
| 5:30 PM - 7:30 PM | Monday Night District & Vendor Networking Social
Vendor Hall
An opportunity for district staff members to network together and socialize with one another. In addition this is a time for vendors representatives to talk to district staff members in an informal setting. Finger foods, water, sodas, and tea provided. Additional beverages available for purchase. Back by popular demand vendor bingo !! You can't win if you don't play. | ◆ |
|-------------------|--|---|

Tuesday, June 25, 2019

Food and Beverages

- | | | |
|-------------------|---|---|
| 7:00 AM - 8:00 AM | Tuesday Morning Continental Breakfast
Coffee, juice, fruit, and various pastries will be available for FAMIS attendees, free of charge. | ◆ |
|-------------------|---|---|

Learning Session

- | | | |
|--------------------|---|---|
| 8:00 AM - 12:00 PM | Break out sessions (Tuesday Morning)
Break out Sessions provided by DOE, District Staff & Vendors | ◆ |
| 8:00 AM - 12:00 PM | DOE Open Lab 8:00am to 12:00pm
TBA
The DOE will be offering an open lab at the conference to address any district specific questions you have. You can drop in anytime the lab is open (see agenda). If you have elected to stop by the DOE lab, please list the topic or specific question you would like to discuss below. Providing this information will help them staff the lab accordingly. | ◆ |

Vendors

- | | | |
|-------------------|---|---|
| 8:00 AM - 5:00 PM | Vendor Hall - Tuesday
Vendor Hall opens Tuesday at 8am. Vendor hall remains open till 5pm. Vendors are encouraged to eat lunch with attendees at noon. Lunch is included. | ◆ |
|-------------------|---|---|

Food and Beverages

12:15 PM - 1:15 PM

Tuesday Lunch Provided by FAMIS

FAMIS will be offering lunch as part of the conference. Please RSVP if you are interested in eating lunch on us.

Learning Session

1:20 PM - 5:00 PM

Break Out Session (Tuesday Afternoon)

Break out Sessions provided by DOE, District Staff & Vendors

1:20 PM - 4:00 PM

**DOE Open Lab 1:20pm to 4:00PM
TBA**

The DOE will be offering an open lab at the conference to address any district specific questions you have. You can drop in anytime the lab is open (see agenda). If you have elected to stop by the DOE lab, please list the topic or specific question you would like to discuss below. Providing this information will help them staff the lab accordingly.

Food and Beverages

3:25 PM - 3:35 PM

**Tuesday Afternoon Break- Snack Provided
Vendor Hall**

Snacks and Beverages will be provided in the Vendor Area.

Wednesday, June 26, 2019

Food and Beverages

7:00 AM - 8:00 AM

Wednesday Morning Continental Breakfast

Coffee, juice, fruit, and various pastries will be available for FAMIS attendees, free of charge.

Learning Session

8:00 AM - 12:00 PM

Break Out Sessions (Wednesday Morning)**Vendors**

8:00 AM - 12:00 PM

Vendor Hall - Wednesday

Vendor Hall opens Wednesday at 8am. Vendor hall remains open till noon. Wednesday is optional for vendors. However most attendees stick around for the prizes at noon, so this is a good time to visit with attendees.

Prize Sessions

12:00 PM - 1:00 PM

**Closing Session Prizes/Lunch (Wednesday)
TBA**



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Michael Michaud**

School/Department **Student Information Services** Position **Coordinator SIS**

Requested Dates

From: Time
06/24/2019 7:00 am

To: Time
06/26/2019 4:00 pm

No. of Days: **3**

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to: **ILLNESS**
A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

FAMIS Conference

Location:

Orlando

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Michael Michaud

Digitally signed by Michael
Michaud
Date: 2019.02.20 08:58:20 -05'00'

Date: **06/24/2019**

Approved:

Date:

Not
Approved:

Date:

Leave
Granted:

Date:

Not
Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Tisa Lall**

School/Department **Stanley Switlik Elementary**

Position **Teacher**

Requested Dates	
From:	Time
07/21/2019	12:00 pm
To:	Time
07/26/2019	10:00 pm
No. of Days: 6	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

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☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:
A Doctor's statement is required for any extended sick leave that exceeds 30 days

ILLNESS

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Wellington, Florida

Summer Science Symposium

Travel charged to:

FUND
110

FUNCTION
5100

OBJECT
330

CENTER
9015

PROJECT
7018

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Tisa Lall

Date:

4/10/19 -

Approved:

[Signature]

Date:

4/10/19

Not
Approved:

Date:

Leave
Granted:

[Signature]

Date:

4/11/2019

Not
Granted:

Date:

FAMIS Conference 2019

This Agenda is still in DRAFT Status
Please scroll to the bottom for the "Printer Friendly" option

Monday, June 24, 2019

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- | | | |
|--------------------|--|---|
| 9:00 AM - 11:30 AM | Vendor Hall Setup
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Everyone should plan to attend! | ◆ |

Learning Session

- | | | |
|---------------------|--|---|
| 12:00 PM - 12:30 PM | Opening Session
TBA
Opening Session for FAMIS 2019 | ◆ |
| 12:45 PM - 5:15 PM | Break Out sessions (Monday Afternoon)
Break out Sessions provided by DOE, District Staff & Vendors | ◆ |

Food and Beverages

- | | | |
|-------------------|--|--|
| 2:50 PM - 3:05 PM | Monday Afternoon Break- Snack Provided
Vendor Hall
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|-------------------|--|--|

Prize Sessions

- | | | |
|-------------------|--|---|
| 5:30 PM - 7:30 PM | Monday Night District & Vendor Networking Social
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|-------------------|--|---|

Tuesday, June 25, 2019

Food and Beverages

- | | | |
|-------------------|---|---|
| 7:00 AM - 8:00 AM | Tuesday Morning Continental Breakfast
Coffee, juice, fruit, and various pastries will be available for FAMIS attendees, free of charge. | ◆ |
|-------------------|---|---|

Learning Session

- | | | |
|--------------------|---|---|
| 8:00 AM - 12:00 PM | Break out sessions (Tuesday Morning)
Break out Sessions provided by DOE, District Staff & Vendors | ◆ |
| 8:00 AM - 12:00 PM | DOE Open Lab 8:00am to 12:00pm
TBA
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Vendors

- | | | |
|-------------------|---|---|
| 8:00 AM - 5:00 PM | Vendor Hall - Tuesday
Vendor Hall opens Tuesday at 8am. Vendor hall remains open till 5pm. Vendors are encouraged to eat lunch with attendees at noon. Lunch is included. | ◆ |
|-------------------|---|---|

Food and Beverages

12:15 PM - 1:15 PM

Tuesday Lunch Provided by FAMIS

FAMIS will be offering lunch as part of the conference. Please RSVP if you are interested in eating lunch on us.

Learning Session

1:20 PM - 5:00 PM

Break Out Session (Tuesday Afternoon)

Break out Sessions provided by DOE, District Staff & Vendors

1:20 PM - 4:00 PM

**DOE Open Lab 1:20pm to 4:00PM
TBA**

The DOE will be offering an open lab at the conference to address any district specific questions you have. You can drop in anytime the lab is open (see agenda). If you have elected to stop by the DOE lab, please list the topic or specific question you would like to discuss below. Providing this information will help them staff the lab accordingly.

Food and Beverages

3:25 PM - 3:35 PM

**Tuesday Afternoon Break- Snack Provided
Vendor Hall**

Snacks and Beverages will be provided in the Vendor Area.

Wednesday, June 26, 2019

Food and Beverages

7:00 AM - 8:00 AM

Wednesday Morning Continental Breakfast

Coffee, juice, fruit, and various pastries will be available for FAMIS attendees, free of charge.

Learning Session

8:00 AM - 12:00 PM

Break Out Sessions (Wednesday Morning)**Vendors**

8:00 AM - 12:00 PM

Vendor Hall - Wednesday

Vendor Hall opens Wednesday at 8am. Vendor hall remains open till noon. Wednesday is optional for vendors. However most attendees stick around for the prizes at noon, so this is a good time to visit with attendees.

Prize Sessions

12:00 PM - 1:00 PM

**Closing Session Prizes/Lunch (Wednesday)
TBA**



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **Tariel Moran**

School/Department **SIS**

Position **Programmer/Analyst**

Requested Dates

From: **06/24/2019** Time **7:30 am**

To: **06/26/2019** Time **4:30 pm**

No. of Days: **3**

Type of Leave Requested

☐ VACATION

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to: **ILLNESS**

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☐ TEMPORARY DUTY ELSEWHERE: Nature of meeting

2019 FAMIS Conference

Location:

Orlando, Florida

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Tariel Moran

Digitally signed by Tariel Moran
DN: cn=Tariel Moran, o=Monroe County School District,
ou=SIS Department,
email=Tariel.Moran@keysschools.com, c=US
Date: 2019.04.08 12:13:14 -04'00'

Date:

Approved:

Michael Michaud

Digitally signed by Michael
Michaud
Date: 2019.04.08 12:19:37 -04'00'

Date: **04/08/2019**

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date:



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **TBA**

School/Department

Position **Teacher**

Requested Dates

From:	Time
07/21/2019	12:00 pm
To:	Time
07/26/2019	10:00 pm
No. of Days: 6	

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ INJURY in the line of Duty

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Summer Science Symposium- Middle School

Wellington, Florida

Travel charged to:

FUND
110

FUNCTION
5100

OBJECT
330

CENTER
9015

PROJECT
7018

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Date:

Approved: **Melissa Alsobrooks**

Digitally signed by Melissa
Alsobrooks
Date: 2019.04.11 15:23:08 -04'00'

Date: 04/11/2019

Not
Approved:

Date:

Leave
Granted:

Date:

4/12/2019

Not
Granted:

Date:

Melissa Alsobrooks

From: Barber, Glenna <Glenna.Barber@fldoe.org>
Sent: Monday, April 8, 2019 5:18 PM
Cc: Mead, Rebecca; Duncan, Patricia
Subject: Summer Science STEMposium Registration Information
Attachments: District Participants by region Symposium 2019 Worksheet.pdf

Good Afternoon,

Last year the Florida Department of Education provided a Summer Science Symposium focusing on standards-based lessons and aligned activities. Teachers across the state were invited to participate in one of three regions. Last year's attendees returned to their districts with a wealth of inspiring lessons focused on key standards for the courses and the subsequent annual assessment.

Preparations are underway for another Summer Science experience for elementary, middle, and high science teachers in the form of a STEMposium. This year, in addition to engaging, standards-aligned lessons and activities, there will be breakout sessions focused on STEM education and careers. Another addition to the program is the introduction of year 2 for those teachers in attendance last year. It is designed to build on year 1 and enhance each teacher's knowledge base.

The district will receive an allotment for:

- New participants for year 1
- Last year's participants for year 2

Our state has been divided into three regions. The location and dates for each location is found in the table below:

Region	Location	Dates
North	Lawton Chiles High School 7200 Lawton Chiles Lane Tallahassee, FL	July 8 th – 11 th
Central	Middleton High School 4801 N. 22 nd Street Tampa, FL	July 15 th – 19 th
South	Palm Beach Central High School 8499 W. Forrest Hill Blvd. Wellington, FL	July 22 nd – 26 th

This project is made possible by a partnership between Title IV-Part A and the STEM Department in the Bureau of Standards and Instructional Support of the Florida Department of Education. The funding provided by Title IV-Part A has provided payment for district science leaders to develop, review and facilitate this professional development activity. On April 15th, you will receive an email with a link to our registration site and the password specific to each district. There will be password-protected registration until April 30th for allotted participants. After that date, any open slots unfilled, will be open to all districts. There is a registration fee of \$75 for each participant which is not refundable but is transferrable. The registration fee does not include meals, mileage or accommodations. Participants are responsible for making their arrangements for lodging.

Sincerely,

Glenna Barber
Secondary Science Specialist, Office of STEM
Standards and Instructional Support
Division of Public Schools
Florida Department of Education

2019 Next Generation Summer Science Symposium Participant Allocation

Year 1

South Districts	Elementary	Middle Grades	Biology	Enrollment
Broward	10	10	3	270978
Charlotte	1	1	1	16009
Collier	2	2	2	47436
Desoto	1	1	1	4926
FAU Lab School	1	1	1	2561
FLVS	1	1	1	5308
Glades	1	1	1	1756
Hardee	1	1	1	5080
Hendry	1	1	1	7267
Highlands	1	1	1	12333
Lee	4	4	3	94417
Martin	1	1	1	18624
Miami-Dade	13	13	3	350456
Monroe	1	1	1	8579
Okeechobee	1	1	1	6484
Palm Beach	8	8	2	194186
St. Lucie	2	2	1	41418
Total Participants	50	50	25	1087818

***The biology allocation for all districts is 25. One teacher per district may register until all positions are filled. If there are openings on April 30 districts will be able to register for additional slots.**

2019 Next Generation Summer Science Symposium Participant Allocation

Year 2

South Districts	Elementary	Middle Grades	Biology	Enrollment
Broward	10	10	3	270978
Charlotte	1	1	1	16009
Collier	2	2	2	47436
Desoto	1	1	1	4926
FAU Lab School	1	1	1	2561
FLVS	1	1	1	5308
Glades	1	1	1	1756
Hardee	1	1	1	5080
Hendry	1	1	1	7267
Highlands	1	1	1	12333
Lee	4	4	3	94417
Martin	1	1	1	18624
Miami-Dade	13	13	3	350456
Monroe	1	1	1	8579
Okeechobee	1	1	1	6484
Palm Beach	8	8	2	194186
St. Lucie	2	2	1	41418
Total Participants	50	50	25	1087818

***The biology allocation for all districts is 25. One teacher per district may register until all positions are filled. If there are openings on April 30 districts will be able to register for additional slots.**



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Requested Dates	
From:	Time
07/24/2019	8:00 am
To:	Time
07/26/2019	5:00 pm
No. of Days: 3	

Name **Melissa Hitchings**

School/Department **Horace O'Bryant**

Position **K-5 STEM/Gifted**

Type of Leave Requested

<input type="checkbox"/> VACATION	<input type="checkbox"/> SICK LEAVE Related to Injury-In Line of Duty
<input type="checkbox"/> PERSONAL LEAVE	<input type="checkbox"/> *With Pay <input type="checkbox"/> Without Pay
(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)	
<input type="checkbox"/> JURY DUTY	<input type="checkbox"/> MILITARY LEAVE
<input type="checkbox"/> FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.	

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER: Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Project Lead the Way Teacher Training for STE

Charlotte NC

Travel charged to:	FUND	FUNCTION	OBJECT	CENTER	PROJECT
--------------------	------	----------	--------	--------	---------

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Melissa Hitchings

Date:

4/3/19

Approved:

McPhee

Date:

4-3-19

Not

Approved:

Date:

Leave

Granted:

A. Lewis

Date:

4/11/2019

Not

Granted:

Date:

PLTW PLTW Launch Classroom Teacher Training: Core Training Opportunities**Course Description**

Develop the conceptual and instructional understanding you'll need to facilitate PLTW Launch interdisciplinary student learning that develops problem-solving, critical and creating thinking, communication, and collaboration.

Course Cancellation Policy

You can cancel your training registration with no penalty up to 21 days prior to the first scheduled day of training.

You can make participant substitutions up to the day of the event if participants come prepared with the necessary technology and complete all prerequisite assignments. We may not be able to accommodate requests for housing substitutions. Once training has started, you cannot make substitutions.

Cancellations made within 21 days of the event incur the full training fee as well as any on-campus housing and parking purchases made for in-person Core Training. If you do not cancel, make a timely substitution, or do not attend, you are responsible for full payment of the training fee. We cannot apply funds paid towards a cancellation or substitution fee to future training events. Payment is required even if you don't successfully complete training and earn the credential.

➤ June 17, 2019 - June 18, 2019 : Missouri Innovation Campus

[Register](#)

➤ June 17, 2019 - June 18, 2019 : Da Vinci Science High School

[Register](#)

➤ June 17, 2019 - June 18, 2019 : The Oakland Center

[Register](#)

➤ June 24, 2019 - June 25, 2019 : Missouri Innovation Campus

[Register](#)

➤ July 8, 2019 - July 9, 2019 : University of Maryland Baltimore County

[Register](#)

➤ July 8, 2019 - July 9, 2019 : Worcester Polytechnic Institute

[Register](#)

➤ July 8, 2019 - July 9, 2019 : Minneapolis Training Venue Hub

[Register](#)

➤ July 8, 2019 - July 9, 2019 : San Diego Training Venue Hub

[Register](#)

➤ July 10, 2019 - July 11, 2019 : Worcester Polytechnic Institute

[Register](#)

➤ July 15, 2019 - July 16, 2019 : Frisco Career and Technical Education Center

[Register](#)

➤ July 15, 2019 - July 16, 2019 : Milwaukee School of Engineering

[Register](#)

➤ July 22, 2019 - July 23, 2019 : Charlotte Training Venue Hub

[Register](#)

➤ July 22, 2019 - July 23, 2019 : San Diego Training Venue Hub

[Register](#)

➤ July 22, 2019 - July 23, 2019 : Seattle Training Venue Hub

[Register](#)

✓ July 24, 2019 - July 25, 2019 : Charlotte Training Venue Hub

Register

Cost	\$500.00
Seats Remaining	24
Registration Closes	July 24, 2019 8:00 AM, Eastern Time (US & Canada)
Venue	Charlotte Training Venue Hub
Venue Address	Charlotte, NC
Learn More about the Core Training Venues	https://www.pltw.org/hubs/charlotte-training-venue (https://www.pltw.org/hubs/charlotte-training-venue)
Start Date	July 24, 2019 8:00 AM, (GMT-05:00) Eastern Time (US & Canada)
End Date	July 25, 2019 5:00 PM, (GMT-05:00) Eastern Time (US & Canada)

> August 5, 2019 - August 6, 2019 : Milwaukee School of Engineering

Register

> August 12, 2019 - August 13, 2019 : Rochester Institute of Technology

Register

> Register for Prerequisite Training Only

Prerequisite Training Only

Format

All Types

☐ In Person

☐ Online

Contact Us at 877.335.7589 or Solutioncenter@pltw.org (<mailto:Solutioncenter@pltw.org>)

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Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County,
I hereby request a Leave of Absence for the following period of time as indicated:

Name **Kyla Shoemaker**

School/Department **KWHS**

Position **ELA Teacher**

Requested Dates

From: _____ Time _____
07/26/2019

To: _____ Time _____
07/30/2019

No. of Days: **5**

Type of Leave Requested

☐ VACATION

☐ SICK LEAVE

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

Related to Injury-In Line of Duty

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

☐ JURY DUTY

☐ MILITARY LEAVE

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

☒ TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Freedom Writers Summer Institute

Long Beach, CA

Travel charged to:

FUND
0110

FUNCTION
5100

OBJECT
730/330

CENTER
9015

PROJECT
7004

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Kyla Shoemaker

Digitally signed by Kyla Shoemaker
Date: 2019.02.26 12:27:53 -05'00'

Date: **02/26/2019**

Approved:

Date: **2019.02.26**
12:56:34 -05'00'

Date: **02/26/2019**

Not

Approved:

Date:

Leave

Granted:

4/10/2019
Date:

Not

Granted:

Date:

To Whom It May Concern:

For the past 4 years, my students have read *The Freedom Writers Diary* and then Skyped with Erin Gruwell, author and teacher from *The Freedom Writers Diary*. My students connect with the true story of students the same age as them going through similar family and life situations. They get to see how no matter the circumstances they live in, the cultures they come from, and then things that they have done, they can overcome any obstacle. When we Skype with Erin Gruwell, students connect with her on a personal level. Getting to "meet" a famous author has lasting impacts on the students. Every year, she speaks so passionately to my students that there are many who cry during the Skype session. Every year, students from previous years stop by my room to ask when we are Skyping Ms. G. because they want to come back and see her again. When my students write letters to the next year's 10th graders, the one thing that they write about the most is *The Freedom Writers Diary* and Skyping with Ms. G.

On Monday January 21, 2019, I was her personal guest to a luncheon for the Keys Children Foundation (in Key Largo) where she was the keynote speaker. During the luncheon, with tears in her eyes, she had me stand up and she talked about the relationship my students and she have built through the book and Skype sessions every year. After the luncheon, I was able to spend a few hours talking with her one-on-one. We talked about my students and what I teach and about "island life" compared to life in California. At the end of our time together, she personally invited me to their summer teacher institute. Unfortunately, the institute costs \$5000 (includes hotel, meals, and all trainings/activities but not airfare). Because *The Freedom Writers Diary* is part of our 10th grade curriculum and I have seen the impact the book and Skyping with Ms. Gruwell has had on my students, I feel so honored to be invited to participate in their summer institute and feel strongly about wanting to go.

Because the 10th grade curriculum includes *The Freedom Writers Diary*, being able to go to the summer institute would be beneficial in learning more impactful ways to teach the book, how to impact students, and ultimately impact the school and community. The Freedom Writers Foundation describes the institute as follows: *The Institute is designed as professional development to train and support educators of at-risk and vulnerable students and has the long term strategy of retaining dedicated teachers. During the Institute, educators participate in and learn a pedagogical framework through which they can engage students in the learning process, enlighten them intellectually, and empower them to achieve academic and civic success.* I would be able to bring back ideas and teaching strategies to my fellow English Language Arts teachers (especially the 10th grade ELA teachers whose curriculum includes *The Freedom Writers Diary*). I will have the opportunity to also learn strategies for "at risk" and struggling students which can be applied to any secondary level class.

Unfortunately, the cost is the hindrance for my ability to go to the institute. I've already been accepted to the institute but I cannot afford to pay for it on my own. I'm asking Key West High School and the Monroe County School District to partner with me in being able to go to this amazing opportunity by covering the cost of the week-long institute (\$5000, which includes everything but airfare). Erin Gruwell has said, "I realized if you can change a classroom, you can change a community, and if you can change enough communities, you can change the world." This summer institute is the perfect opportunity for us to make an impact on our students, the school, and our community.

Thank you for your consideration.

Kyla Shoemaker

Key West High School

ELA teacher

More information for the Institute can be found at

<http://www.freedomwritersfoundation.org/index.php/programs/teachers>