

## Superintendent's Bulletin No. 10

### January 18, 2018

### Read-Ins

Page/Number	Explanation																									
Page 1 #1	<p><b><u>Travel and Work Related Expenses</u></b>  <b>ADD:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Purpose</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Location</th> <th style="text-align: left;">Estimated Expenses</th> </tr> </thead> <tbody> <tr> <td>Emily Jones</td> <td>Judy Freeman's Winners</td> <td>May 15, 2018</td> <td>Somerset, NJ</td> <td>\$209.00 Title IIA</td> </tr> <tr> <td>Sarah Schwarz</td> <td>Coaching &amp; Mentoring Skills</td> <td>January 30, 2018</td> <td>Parsippany, NJ</td> <td>\$259.00ea Title IIA</td> </tr> <tr> <td>Lisa Ramundo</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Jamie Fugowski</td> <td>Intervention Strategies</td> <td>March 20, 2018</td> <td>Parsippany, NJ</td> <td>\$219.00</td> </tr> </tbody> </table>	Name	Purpose	Date	Location	Estimated Expenses	Emily Jones	Judy Freeman's Winners	May 15, 2018	Somerset, NJ	\$209.00 Title IIA	Sarah Schwarz	Coaching & Mentoring Skills	January 30, 2018	Parsippany, NJ	\$259.00ea Title IIA	Lisa Ramundo					Jamie Fugowski	Intervention Strategies	March 20, 2018	Parsippany, NJ	\$219.00
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Page 3 # 4	<p><b><u>Overnight Field Trip Approvals</u></b>  <b>ADD:</b>  <b><u>Parsippany High School</u></b></p> <p>Grades 9-12 March 2-4, 2018 – State Wrestling – Atlantic City, NJ  Grades 9-12 March 2-4, 2018 – State Swim Meet – Gloucester County Inst of Technology</p>																									
Page 4 #7	<p><b><u>Employment – Paraprofessional</u></b>  <b>ADD:</b>  <b><u>Knollwood Elementary School</u></b>  Lori Loughlin Instructional \$30,454.00 1/19/2108</p>																									
Page 4 #9	<p><b><u>Maternity Leave of Absence</u></b>  <b>ADD:</b>  <b>Employee #49548</b>, Teacher, has requested a maternity leave of absence on or about March 9, 2018 through May 1, 2018 utilizing accumulated sick leave. Pursuant to the Family Leave Act, she is also requesting an unpaid childcare leave of absence from May 2, 2018 through October 2, 2018 and under the terms of the PTHEA Agreement an unpaid childcare leave of absence from October 3, 2018 through June 20, 2019.</p>																									
Page 6 #14	<p><b><u>Corrections</u></b>  <b>ADD:</b>  <b><u>Maternity Leave of Absence</u></b>  <b>Employee #10851</b></p> <p>From: on or about January 29, 2018 through March 20, 2018 utilizing her accumulated sick leave. Pursuant to the Family Leave Act, she is also requesting an unpaid childcare leave of absence from March 21, 2018 through June 12, 2018.</p> <p>To: on or about January 23, 2018 through March 1, 2018 utilizing her accumulated sick leave. Pursuant to the Family Leave Act, she is also requesting an unpaid childcare leave of absence from March 2, 2018 through June 1, 2018.</p>																									

**Leave of Absence**

**Employee #10042**

From: effective September 27, 2017 through October 10, 2017 utilizing available sick days, and an unpaid medical leave of absence from October 11, 2017 through January 10, 2018 pursuant to the Family Medical Leave Act. He is also requesting an unpaid medical leave of absence from January 11, 2018 through March 27, 2018.

To: effective September 27, 2017 through October 10, 2017 utilizing available sick days, and an unpaid medical leave of absence from October 11, 2017 through January 10, 2018 pursuant to the Family Medical Leave Act. He is also requesting an unpaid medical leave of absence from January 11, 2018 through January 12, 2018.

**Employee #30589**

From: effective November 8, 2017 through January 22, 2018 utilizing available sick days and an unpaid medical leave of absence from January 23, 2018 through January 30, 2018, pursuant to the Family Medical Leave Act.

To: effective November 8, 2017 through January 22, 2018 utilizing available sick days and an unpaid medical leave of absence from January 23, 2018 through January 24, 2018, pursuant to the Family Medical Leave Act.

# PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

## OVERNIGHT FIELD TRIP APPROVAL FORM

PLEASE COMPLETE ALL OF THE NECESSARY INFORMATION ON THE ATTACHED REGULATIONS BEFORE SUBMITTING THIS FORM.

**THE TRIP ARRANGEMENTS CANNOT BE MADE WITHOUT BOARD OF EDUCATION APPROVAL**

School: Parsippany High School Date: January 16, 2018c

Date of Trip: March 2-4, 2018 Grade Level & Subject: 9-12 Number of Students: 5

Co-Curricular Activity/Group: Varsity Wrestling Team

Destination\*: Boardwalk Hall/Bally's Hotel Atlantic City, NJ Phone# 609-340-2000

\*If co-curricular activity what is the rationale for missing instructional time? NJSIAA State Wrestling Tournament

Address: 1900 Boardwalk Atlantic City, NJ

**Description of Program:**

How is this trip related to the curriculum at this grade level? Please be specific.

What academic preparation has been done prior to this trip?

Students have been training all season long for this opportunity to compete in the state tournament

List follow-up activities to be done in class after the trip.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How is this proposed trip the best method available for achieving the desired learning outcome?

Transportation Information	
Means of Transportation: <u>Personal Vehicles</u>	Provider: <u>Coaches</u>
Cost: <u>166.16</u>	Phone #: _____
Departure from School: <u>10am 3/2/18</u>	Arrival at Destination: <u>1pm 3/2/18</u>
Departure from Destination: <u>5pm 3/4/18</u>	Arrival at School: <u>8pm 3/4/18</u>

Total Cost Information	
Admission/Registration Cost: <u>1740.16</u>	Cost to Parent: <u>none</u>
Funding Source: <u>district</u>	

PLEASE CHECK THAT YOU HAVE READ THE FIELD TRIP REGULATIONS

<u>Names of Teachers/Staff Members:</u>	<u>Names of Non-Staff Chaperones:</u>
Joseph Dasti <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>
Steven Miller <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>
Jerry McMickle <input checked="" type="checkbox"/>	_____ <input type="checkbox"/>
_____ <input type="checkbox"/>	_____ <input type="checkbox"/>

NURSE NEEDED YES  NO  DESTINATION ON APPROVED LIST  YES  NO

[Signature] 1/15/18  
APPROVED PRINCIPAL DATE  
Barbara Sargent 1/16/18  
APPROVED CENTRAL OFFICE DATE  
APPROVED BY BOARD OF EDUCATION

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## OVERNIGHT FIELD TRIP APPROVAL FORM

PLEASE COMPLETE ALL OF THE NECESSARY INFORMATION ON THE ATTACHED REGULATIONS BEFORE SUBMITTING THIS FORM.

**THE TRIP ARRANGEMENTS CANNOT BE MADE WITHOUT BOARD OF EDUCATION APPROVAL**

School: Parsippany High School Date: January 16, 2018

Date of Trip: 3/2/18-3/4/18 Grade Level & Subject: 9-12/Swim Number of Students: 2

Co-Curricular Activity/Group: Swimming

Destination\*: Gloucester Institute of Technology Phone# 856-468-1445

\*If co-curricular activity what is the rationale for missing instructional time? \_\_\_\_\_

Meet of Champions (Swimming States) \_\_\_\_\_

Address: 1360 Tanyard Road Sewell, NJ 08080

Description of Program: Swimming States

How is this trip related to the curriculum at this grade level? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_

What academic preparation has been done prior to this trip?  
\_\_\_\_\_  
\_\_\_\_\_

List follow-up activities to be done in class after the trip.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How is this proposed trip the best method available for achieving the desired learning outcome?  
\_\_\_\_\_  
\_\_\_\_\_

### Transportation Information

Means of Transportation: Bus Provider: \_\_\_\_\_

Cost: \_\_\_\_\_ Phone #: \_\_\_\_\_

Departure from School: 12:00 PM March 2, 2018 Arrival at Destination: 2:30 PM March 2, 2018

Departure from Destination: 2:00 PM March 4, 2018 Arrival at School: 5:30 PM March 4, 2018

### Total Cost Information

Admission/Registration Cost: District Cost to Parent: None

Funding Source: \_\_\_\_\_

PLEASE CHECK THAT YOU HAVE READ THE FIELD TRIP REGULATIONS

Names of Teachers/Staff Members:

Jemila Najjar-Keith   
McKenzie Price   
\_\_\_\_\_  
\_\_\_\_\_

Names of Non-Staff Chaperones:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NURSE NEEDED YES  NO  DESTINATION ON APPROVED LIST  YES  NO

[Signature] 1/15/18  
APPROVED PRINCIPAL DATE

[Signature] 1/16/18  
APPROVED CENTRAL OFFICE DATE

APPROVED BY BOARD OF EDUCATION