

## Step 1-A

**OUT-of-County Field Trip Process Check List for Lead Sponsor**

(Sponsors must be certificated employees.)

**A MINIMUM 3 WEEKS PRIOR TO TRIP**

- Step 2: Approval Request Form 2A**
  - Make sure the **Student Cost Worksheet** and the **Destination(s) Contact Form**, and any documents supporting educational value are attached to the approval request form.
- Step 3: Mode of Transportation reservation**
  - Only after Approval Request form has been approved
  - Processed differently at each school, typically by bookkeeper or Principal's designee (**Note:** If School Bus is being used, Bus Vouchers are not to be signed-out to the sponsor until the day before or the day of the field trip see Step 12)
- Steps 4A: Prepare the Parent/Guardian Consent Form & Indemnity Agreement with the Medical Release Form**
  - Fill-in and complete the form
  - Distribute to teachers, so they may distribute to parent, only after the Approval Request form has been approved and the Mode of Transportation reservation has been confirmed

**3 WEEKS PRIOR TO TRIP**

- Step 5 (if applicable): Permission for Administration of Medication Form**
  - Teachers will distribute to parents on an as needed basis
  - Receive completed/signed forms, with medication, by deadline indicated on the Parent/Guardian Release form
- Step 6: Receipt monies collected**
  - Monies **MUST** be turned into the bookkeeper once \$40 collected is reached and
  - **ALL** monies **MUST** be turned in to the bookkeeper, no matter the amount (even \$1), the last business day of each week (typically Fridays unless the school is closed)
- Step 7A: Bag Lunch Request Form**
  - Submit to Cafeteria Manager (even if no lunches will be ordered)
- Step 8: Request for Purchase Approval and Check Request Form**
  - This is an Internal Accounts form to have a check issued
  - Completed and signed form must be received by the bookkeeper a minimum of 3 days prior to the date check is needed
  - May need multiple forms: **School Bus cost, Venue** (admission cost), etc.
  - Pay attention to vendor deadlines as to when deposits or prepayments are due
  - Sponsor is responsible for obtaining a Receipt from vendors for all checks issued

**2 WEEK PRIOR TO TRIP**

- **Step 9: Volunteer Chaperone Responsibility Form**
  - Must receive completed/signed forms prior to leaving for the trip and verify approval status with volunteer liaison
  
- **Step 10: Verify chaperone's DCPS volunteer approval status**
  - Volunteer chaperones may not attend the field trip unless the volunteer chaperone's approval status is verified and the responsibility form is obtained and signed
  
- **Step 11 (if applicable): Student Return-Transport Release Form**
  - Must receive completed and signed forms prior to leaving for the trip
  
- **Step 12: Leave Form**
  - ONLY Teachers who request a Kelly substitute for their classroom/students are required to submit a "TDE-Other" leave form and note in the comments "Field Trip – substitute utilized" For example: Band teacher who takes only advance-band classes on a field trip and requests a Kelly substitute teacher for remaining beginning-band classes

**1 WEEK PRIOR TO TRIP**

- **Conduct a Chaperone & Student Meeting**
  - Exchange pertinent information with chaperones, e.g. cell phone numbers, destination information/itinerary, appointed students, etc.
  - Establish "chain of command" for those in charge of the field trip
    - Lead Sponsor
    - Assistant Teacher(s)
    - Appointed Chaperone(s)
  - Review chaperone responsibilities
  - Review with students the expectations, itinerary, and student code of conduct

**DAY BEFORE OR THE DAY OF THE TRIP**

- **Step 13 (if applicable): IF Mode of Transportation is a "School Bus" - Bus Voucher(s)**
  - The lead Field Trip Sponsor is responsible for signing-out all the DCPS Universal Field Trip Expense Vouchers from the bookkeeper and then assigning to the appropriate person for completion on each bus (don't forget pens!)
  - The person completing the voucher on each bus is responsible for writing the correct mileage and times, NOT the bus driver.
  
- **Step 14A: Classroom/Group Information Sheet**
  - Teachers for all classrooms attending the field trip are to make arrangements for their students "not" attending field trip to stay with another teacher/classroom
  - Teachers are to group the below documents in the following order:
    - Top: Classroom and/or Group Information Sheet
    - Middle: Parent/Guardian Consent Forms – alphabetical order by student name
    - Bottom: Chaperone Volunteer Responsibility Forms (verified) – alphabetical order
  - **These grouped documents are to be placed in each teacher's/group's mail box before leaving for the field trip**

- **The Destination(s) Contact Form is to be in the Lead Sponsor's mail box before leaving for the field trip**

**Step 15 (if applicable) : Pick-up Bag Lunches & Field Trip Temperature Log**

- Teacher(s) and students who ordered bag lunches from the cafeteria must pick-up the lunches together the morning of the field trip. The Cafeteria Manager will provide the teacher with an "**Accountability Roster**" that must be returned at the end of the field trip

**Lead Field Trip Sponsor must maintain on the field trip and is responsible for**

- Medical Release Forms for all students
- Permission for Administration of Medication forms with medications for applicable students
- List of volunteer chaperones with cell phone numbers and student assignments
- Pre-signed Student Return-Transport Release forms
- Bus Voucher assignments and collection of Bus Vouchers upon return
- Field Trip Attendance List (**Step 16**)

**Before boarding Mode of Transportation**

- Match students with their chaperones
- Remind chaperones/students of itinerary and meeting locations
- Remind students of expectations and code of conduct

**Prior to departing EVERY location, once on the Mode of Transportation (e.g. bus)**

- TAKE ATTENDANCE !

**UPON RETURN OF THE TRIP**

**Supervise every student until released to a parent/guardian**

- Supervision must be done by a DCPS employee (not a chaperone volunteer)

**Return to the Cafeteria Manager (if applicable)**

- "**Accountability Roster**" for the student bag lunches ordered from the Cafeteria

**Lead Field Trip Sponsor is to provide to the Bookkeeper:**

- **Bus Voucher(s)** completed and signed for payment
- **Receipt(s)**, if applicable, that were collected from the Vendor(s) for checks that were issued (Note: receipts are to be signed by lead sponsor)

**Field trip documents:**

- **Maintained by each classroom teacher for his/her students.**
- **Each classroom teacher will turn these documents into the bookkeeper at the end of the school year for document destruction (retained or destroyed?).**
  - Parent/Guardian Consent forms
  - Medical Release forms
  - Permission for Administration of Medication forms
  - Chaperone Volunteer Responsibility forms
  - Student Return-Transport Release forms

## Step 2A

### Approval Request Form with Student CostWorksheet and Destination(s) Contact Form OUT OF COUNTY/SURROUNDING COUNTIES OR STATE

**Submit a minimum of three weeks prior to field trip date.**

**Lead Sponsor of Field Trip:** \_\_\_\_\_

**Destination: Address** \_\_\_\_\_

**Destination: City** \_\_\_\_\_ **State** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ (time bus is to arrive at the school for pick-up)

**Return Date:** \_\_\_\_\_ **Est. Time:** \_\_\_\_\_ (estimated return arrival time at the school)

Note: Times must not conflict with morning and afternoon bus route schedules.

**Mode of Transportation:** \_\_\_\_\_

**Estimated Total Number of Students:** \_\_\_\_\_ **Cost per Student: \$** \_\_\_\_\_ (see page 2)

Cost of a trip may be assessed to students; however, a student will not be denied the right to participate for failure to pay.

Attach documents which support the educational value of this field trip, such as Lesson Plans to include Standards utilized and Culminating Activities.

**PURPOSE of the field trip is required and how it relates to the curriculum:**

**PARTICIPATING FACULTY STAFF** The school will have 1 lead sponsor for the first 10 students and 1 additional chaperone (employee or approved volunteer) for each 10 additional students. However, there must be 1 employee on each mode of transportation (3 buses = 1 sponsor + 2 certificated employees). Field trips for Secondary students (grades 6 to 12) must have both male and female sponsors, as applicable. List employees participating in this trip:


<b>FUNDING</b> source of this field trip will be from: please mark with an "X" in the appropriate box				
Internal Acnts/Students	<input type="checkbox"/>	Fundraiser	<input type="checkbox"/>	School's District Budget

**Notes:** \_\_\_\_\_

**Reviewed by Bookkeeper /s/:** \_\_\_\_\_ **Date** \_\_\_\_\_

SCHOOL CALENDAR updated to include this field trip (If school does not have an Activities Director, signature is not required):

**Notes:** \_\_\_\_\_

**Reviewed by Activities Dir. /s/:** \_\_\_\_\_ **Date** \_\_\_\_\_

Proper safety precautions will be observed and all operational procedures in the Field Trip Handbook, as mandated by Board Policy 4.43, will be adhered to by the District employees participating in this field trip.

Once the necessary signature are obtained below, this form becomes the lead sponsor's authorization to continue the field trip process and the bookkeeper is to make a copy of the form to give to the lead sponsor which becomes the authorization to continue the field trip process.

The original form is to be attached to the Field Trip Voucher and is part of the documentation for the Purchase Approval/Check Requisition form which will be filed for audit by the bookkeeper.

\_\_\_\_\_  
**Submitted by Lead Field Trip Sponsor /s/** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Approved by Principal /s/** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Approved by Region Chief /s/** **Date** \_\_\_\_\_

\_\_\_\_\_  
**\*\*\*Approved by Risk Management** **Date** \_\_\_\_\_

\*\*\*Risk management approval is required for all trips involving high risk activities. Examples of high-risk activities include, but are not limited to, any direct (touching) contact with animals, any water activities, adventure hikes, camping, and more. If a school is unsure whether the activity is high risk, please contact the District's Risk Management Department at 390-2258.

# Student Cost Worksheet

revised 02/21/2014

Lead Field Trip Sponsor

Cell phone #

(needed for bus request)

Field Trip Date

Field Trip Destination

19/20 Rate

## SCHOOL BUS CALCULATOR

	<input type="text"/>	Regular Bus: # of regular school buses
	<input type="text"/>	ESE Bus: # of ESE school buses (may leave blank if none needed)
	<input type="text"/>	<b>NUMBER OF BUSES NEEDED</b>
	<input type="text"/>	Est. Bus Hours: # of hours <b>per bus</b> will be used (round-up to the 1/4 hour, e.g. 1, 1.25, 1.50, 1.75, 2)
\$23.408	<input type="text"/>	<b>HOURLY COST FOR BUSES</b>
	<input type="text"/>	Round-trip Miles: # of <u>round-trip</u> miles to all destinations <b>per bus</b>
\$0.70	<input type="text"/>	<b>MILEAGE COST FOR BUSES</b>
	<input type="text"/>	Monitors: # of bus monitors (typically for ESE students, may leave blank if none needed)
\$8.75	<input type="text"/>	Hourly Rate for Monitors: to obtain cost see below* (may leave blank if none needed)
	<input type="text"/>	<b>MONITOR COST FOR BUSES</b>
	When Bus Monitors are needed, they must be obtained by the DCPS contracted bus company (Paraprofessionals may not be utilized as "bus monitors"). The hourly rates for the Monitors are subject to change throughout the fiscal year. The current hourly rate cost for bus monitors may be obtained by contacting the Transportation Department at 858-6220. 15/16 rate is \$8.05	
	<input type="text"/>	Estimated school bus cost for field trip
	<input type="text"/>	Estimated total number of students attending field trip (from page 1)
	<input type="text"/>	Per student: approximate school bus cost
	<input type="text"/>	Per student: other costs such as admission, lunch purchase, fees, etc.
	<input type="text"/>	Per student: Total Cost
	<input type="text"/>	<b>ROUNDED COST PER STUDENT: Round-up to nearest quarter, e.g. \$5.62 = \$5.75</b>

### COMPLETE ONLY IF USING "OTHER MODE OF TRANSPORTATION" (e.g. charter bus)

Explain all costs for transportation, admission, lunch purchase, fees, etc. and attach all quotes:

<input type="text"/>	<input type="text"/>
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**ROUNDED COST PER STUDENT: Round-up to nearest quarter, e.g. \$5.62 = \$5.75**

**Destination(s) Contact Form**

revised 02/21/2014

Lead Field Trip Sponsor:

Sponsor's Cell phone:

Field Trip Date:

**Destination 1:**

Approx. Time arriving at location 1:

Approx. Time departing location 1:

Destination Address:

Destination Address: City/State/Zip

City

State

Zip

Destination Contact:

Destination Phone:

**Destination 2:**

Approx. Time arriving at location 2:

Approx. Time departing location 2:

Destination Address:

Destination Address: City/State/Zip

City

State

Zip

Destination Contact:

Destination Phone:

**Destination 3:**

Approx. Time arriving at location 3:

Approx. Time departing location 3:

Destination Address:

Destination Address: City/State/Zip

City

State

Zip

Destination Contact:

Destination Phone:

**Destination 4:**

Approx. Time arriving at location 4:

Approx. Time departing location 4:

Destination Address:

Destination Address: City/State/Zip

City

State

Zip

Destination Contact:

Destination Phone:

# BUS REQUEST FORM-FIELD TRIP

Trip Date:

Contractor Name:

All Trip information must be **EMAILED** to the Contractor's Trip Coordinator at least (2) weeks before the trip.  
\*\*\*\*\* Please fill out the top portion of the this form completely to ensure the success of your request. \*\*\*\*\*

Today's Date:

Voucher #:

School / Grade:

School Address:

Dept: (for ex. Band,  
Art, Music, Title 1)

Contact Person:

Phone Number:

Email Address:

Destination #1:

Address #1:

Destination #2:

Address #2:

Departure Time:

Sponsor Cell #:

Number of Buses:

Total # of Riders:

# of Non Lift Reg Bus(es):

# of Wheelchairs:

# of Lift Bus(es):

# of Ambulatory Students:

# of Monitor(s) Needed:

Return Time:

**Return Time is the time the bus will be back at the school.**

Special Instructions:

**NOTE: CONTRACTORS ARE NOT RESPONSIBLE FOR ANY ITEMS LEFT ON THE BUS.**

## CONFIRMATION (Contractor Use Only)

\*\*\* We are **NOT** able to provide the service you requested.

Declined by:

Date:

✓✓ We **will** provide service at this time:

Confirmed by:

Date:

✓ The above information has been logged and confirmed. You will receive the bus(s) requested on the date requested.

✓ If for any reason you need to **Cancel** your bus request Monday - Friday, please call & email your cancellation at least 2 hours prior to trip departure time. If you need to Cancel for a weekend trip, please call & email cancellation 24 hours prior to trip.

✓ If you fail to cancel your field trip and the bus is on site, there is a cancellation fee of one (1) hour on school days; and three (3) hours on non-school days.



# Parental/Guardian Consent Form and Indemnity Agreement (Step 4A) Out-of-County Field Trip

Teacher / Class / Group: \_\_\_\_\_

will be attending a field trip to \_\_\_\_\_

Departing on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm  
(date) (time leaving school) Returning on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm  
(date) (time back at school)

Lunch: **(drop down menu)** Other: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ **Cost per Student: \$** \_\_\_\_\_ \*Refunds may not be issued after the date below.

Payment Instructions: \_\_\_\_\_ **Return form with payment no later than** \_\_\_\_\_ \*  
\*Payments received after this date may not guarantee your child's participation in the field trip.

(Parent/Guardian Name) \_\_\_\_\_, grant permission for (Student Name) \_\_\_\_\_ to participate in the field trip as stated above for supervised activities, and agree to release and discharge the School Board of Duval County, Florida, its officers, agents and employees, exercising reasonable care within their scope of employment, from liability growing out of personal injuries and property damage resulting or occurring during the afore mentioned activities, or in transit to and from said activity. In the event of an emergency, I give permission for my child to receive medical treatment.

A "Medical Release Form" must be completed, signed, and taken on the field trip for each student during an out-of-county field trip. **Students who do not have a completed and signed Medical Release Form on the day of the field trip will not be able to attend the field trip and a refund may not be provided.**

If the student needs medication during the field trip, a *Permission for Administration of Medication* form must be completed and brought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. A blank form may be obtained from the Teacher or front office.

As Parent or Guardian, I agree to all of the above stated considerations and conditions:

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

Cut here and keep bottom "Field Trip Reminder" portion.

Field Trip Reminder



Student: \_\_\_\_\_ Approx. \_\_\_\_\_ Chaperone Volunteer(s) will be needed.

Teacher / Class / Group: \_\_\_\_\_

will be attending a field trip to \_\_\_\_\_

Departing on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm Returning on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_am / pm Lunch:

**(drop down menu)** Other: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ **Cost per Student: \$** \_\_\_\_\_ \*Refunds may not be issued after the date below.

Payment Instructions: \_\_\_\_\_ **Return form with payment no later than** \_\_\_\_\_ \*

\*Payments received after this date may not guarantee your child's participation in the field trip.

**Important:** A *Medical Release Form* is required for each student on out-of-county field trips. Also, if the student needs medication during the field trip, a *Permission for Administration of Medication* form must be completed and brought in by the parent/guardian (with the medication) a minimum of two school days prior to the field trip date. This blank form may be obtained from the school.





# Medical Release Form (Step 5A)

## Out-of-County Field Trip

Please clearly print information, sign below, and return with Parent/Guardian Consent form.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Field Trip: \_\_\_\_\_

Field Trip Departure Date: \_\_\_\_\_ Field Trip Return Date: \_\_\_\_\_

In the event of a medical emergency, I give permission to School Board Personnel to authorize whatever treatment is necessary and I will accept liability for payment of any bills related to the treatment.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

List any medical issues or special needs below, in addition, please note that a *Permission for Administration of Medication* form must be completed in order for any DCPS personnel to be authorized to administer any medication to a student.

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In case of emergency:

1<sup>st</sup> Emergency Contact (please print): \_\_\_\_\_

Cell:   ( )   Home:   ( )   Work:   ( )  

2<sup>nd</sup> Emergency Contact (please print): \_\_\_\_\_

Cell:   ( )   Home:   ( )   Work:   ( )  

3<sup>rd</sup> Emergency Contact (please print): \_\_\_\_\_

Cell:   ( )   Home:   ( )   Work:   ( )  

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Bag Lunch Request Form ~ OUT-of-County Field Trip (Step 7A)

**Submit, even if NO bag lunches are needed, to Cafeteria Mgr three weeks prior to field trip date.** All Students (PAID, REDUCED, and FREE) can order a bag lunch for a field trip. All lunches must be paid for and accounted for when they are picked up by the student AND the teacher.

FIELD TRIP Date: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room #: \_\_\_\_\_

Check the box if **NO** bag lunches are needed:

Total number bag lunches: \_\_\_\_\_ (list students below)

	Student ID Number	Student LAST Name	Student FIRST Name	Student Pick-up Lunch
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				

**Teacher:** Provide a cooler for lunches to be placed in. Return Accountability Roster after the field trip.

**Cafeteria Manager:** This form and the Accountability Roster, checked-off on the field trip, must be maintained with your daily reports.







## Volunteer Attendance on Field Trip Form (Not a Chaperone) (Step 10)

Field Trip: \_\_\_\_\_ on \_\_\_\_\_ (date)

The following identifies requirements, responsibilities, and expectations for a Volunteer to accompany students on Duval County Public Schools field trips. Please review, sign, and return to the teacher as soon as possible.

1. Volunteer attendance on field trips is to be in accordance with the School Board policy 9.63 "School Volunteers/Screening Process."
2. Volunteers must be 21 years of age and are **required to complete a volunteer application and be approved** by the District **prior to the field trip**. The application may be found at [www.duvalschools.org](http://www.duvalschools.org)
3. Volunteers are **not** to supervise students unless they have signed the Volunteer **Chaperone** Responsibility Form.
4. Absolutely no other children except for the DCPS students in a participating class or group may attend the field trip. Volunteers may not bring another child on the field trip that does not comply with this guideline.
5. Volunteers are to provide their own transportation then gather at the field trip destination.
6. Volunteers are to IMMEDIATELY report ANY PROBLEMS directly to the teacher/school employee present during the field trip.
7. Volunteers are **not** allowed to provide or administer any medications (over-the-counter or prescription) to students. Medications will only be administered to students by school employees in accordance with the School Board Policy 5.62 "Administration of Medication."
8. No tobacco or alcoholic beverages are permitted during the field trip.

I agree to adhere to the above requirements, responsibilities, and expectations and I have completed the Duval County Public Schools Volunteer Application within the last two years from the date below.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Cost per Volunteer \$ \_\_\_\_\_

\_\_\_\_\_  
Print Name (as listed on DCPS Volunteer Application)

**Return this form with payment no later than** \_\_\_\_\_

To be completed by school's Volunteer Liaison; sign and date where applicable:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Need Application: \_\_\_\_\_ Date: \_\_\_\_\_



# Student Return-Transport Release Form (Step 11)

I, \_\_\_\_\_, will take full responsibility for my child,  
(Parent/Guardian Name)

\_\_\_\_\_, **at the end** of the \_\_\_\_\_  
(Child Name) (Field trip / Event destination or description)

field trip/ event on \_\_\_\_\_. I will be responsible for the supervision and transportation of my  
(Date of field trip)

Child at the conclusion of the field trip / event. I release the Duval County School Board, ALL of its employees, and the bus contactor from any liability for my child.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

\_\_\_\_\_  
Teacher Signature Date \_\_\_\_\_

\_\_\_\_\_  
Principal Signature Date \_\_\_\_\_  
or Principal's Designee (if Principal is unavailable)



**THE DUVAL COUNTY SCHOOL BOARD  
APPLICATION FOR ABSENCE OF ALL PERSONNEL FROM REGULAR WORK LOCATIONS (Step 12)**

NAME \_\_\_\_\_ R/C# \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

PIN: \_\_\_\_\_ POSITION \_\_\_\_\_

**LEAVE USED:** Check appropriate item

SICK \_\_\_\_\_ ANNUAL \_\_\_\_\_ PERSONAL \_\_\_\_\_ TDE \_\_\_\_\_ LEAVE W/O PAY \_\_\_\_\_ PROFESSIONAL \_\_\_\_\_

ILLNESS/INJURY \_\_\_\_\_ ORIGINAL DATE OF INJURY \_\_\_\_\_ COURT/JURY \_\_\_\_\_ MILITARY \_\_\_\_\_

SICK LEAVE POOL \_\_\_\_\_ OTHER \_\_\_\_\_

DATES	LEAVE USED	/ #HRS	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason or explanation: \_\_\_\_\_

If requested Sick Leave is not for employee, complete this section:

Illness \_\_\_\_\_ Or Death \_\_\_\_\_ of relative/member of household Relationship to Employee \_\_\_\_\_

Name of relative \_\_\_\_\_ Address of relative \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

AUTHORIZED SUPERVISOR \_\_\_\_\_

Approve only the available balance of requested type leave. Otherwise charge as:

Authorized Leave Without Pay  
 Unauthorized Leave Without Pay

**Directions for filing leave requests:**

- This form is designed for "short term" absences and must be filed when an employee is absent from his/her regular duties. All requests should be routed through the appropriate supervisor and "original" (white copy) sent to the Payroll Office.
- Employees are required to furnish such information and additional documentation as may be needed based upon current School Board policies and bargaining agreements. (e.g. doctor's statements, subpoenas, death notices, military orders, etc.)
- Consecutive number of Sick Leave days used requiring a doctor's statement is dependent upon current School Board policy and bargaining agreements. The doctor's statement should state the length of time.

**Special Notes**

- Sick – For illness of employees or others (based upon School Board policy and bargaining agreements).
- Annual – Allowed number of days used per year based upon School Board policy and bargaining units.
- Personal – Limits set by policy and bargaining agreements. Leave used reduces the available Sick Leave balance.
- TDE – Required approval based upon School Board policy.
- LWOP – Allowed number of days used per year based upon School Board policy and bargaining agreements.
- Professional – Allowed number of days used based upon School Board policy and bargaining agreements.
- Illness/Injury (Line of Duty) and corresponding date; Doctor's Statement required.
- Court/Jury – Proof of attendance required.
- Military – Copy of orders required (must be sent through Personnel Division for approval).
- Sick Leave Pool – Eligibility based upon School Board policy and bargaining agreements.

**FOR OFFICE USE ONLY**

Original - Accounts Payable or Internal Accounts Pink  
 Copy - Bus Operator  
 Goldenrod Copy - Transportation Business Office  
 Blue Copy - Contractor (Attach to Payment)

DUVAL COUNTY PUBLIC SCHOOLS  
 UNIVERSAL FIELD TRIP EXPENSE VOUCHER

UV000000

Section I -- General Information

School: \_\_\_\_\_ School #: \_\_\_\_\_ Date of Trip: \_\_\_\_\_  
 Class or Group: \_\_\_\_\_ # of Students: \_\_\_\_\_  
 Bus #: \_\_\_\_\_ Bus Driver's Name: \_\_\_\_\_ Attendant's Name: \_\_\_\_\_  
 R/C #: \_\_\_\_\_ Fund #: \_\_\_\_\_ Function #: 7800 Object : 390  
 Purpose: \_\_\_\_\_ Bookkeeper's Phone Number: \_\_\_\_\_  
 EVACUATION DRILL COMPLETED:

Section II -- Trip Mileage/Time Begins and Ends at the Place of Pickup/Return

Trip Departure Date: \_\_\_\_\_ Trip Return Date: \_\_\_\_\_  
 Trip Beginning Odometer: \_\_\_\_\_ Trip Beginning Time: \_\_\_\_\_  
 Site Arrival Odometer: \_\_\_\_\_ Site Arrival Time: \_\_\_\_\_  
 Last Site Departure Odometer: \_\_\_\_\_ Last Site Departed Time: \_\_\_\_\_  
 Trip Ending Odometer: \_\_\_\_\_ Return Arrival Time: \_\_\_\_\_  
 Total Trip Miles: \_\_\_\_\_ Total Trip Time: \_\_\_\_\_

FIELD TRIP SITE ITINERARY (MUST BE COMPLETED)

Site #1: \_\_\_\_\_ Site #3: \_\_\_\_\_  
 Site #2: \_\_\_\_\_ Site #4: \_\_\_\_\_

(Movement between sites 1 - 4 is considered single sites for item A and B in Section III)

FOR COMMON CARRIER TRIPS ONLY

State Badge Expiration Date: \_\_\_\_\_ Commercial Driver's License Expiration Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Sponsor's Verification Signature: \_\_\_\_\_

Section III -- Funding

OPTION I

DISTRICT CONTRACTOR

SOURCE OF FUNDS FOR PAYMENT	
<input type="checkbox"/>	School Internal Account
Check #:	_____
P. R. #:	_____
(APPROVED IN ADVANCE)	
<input type="checkbox"/>	School's District Funds
P. O. #:	_____
G. R. #:	_____
<input type="checkbox"/>	Other Departments
Name:	_____
(APPROVED IN ADVANCE)	

A. All field trips at per hour rate: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Sixteen hours per day maximum)

B. All field trips at per mile rate: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

C. Bus Attendant Hours: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Must be required and approved)

D. Meals for Overnight Field Trips:

Breakfast \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Lunch \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

Dinner \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
 (\$30.00/day maximum per driver/attendant) (Receipts Required)

E. Other Expenses: \_\_\_\_\_ = \$ \_\_\_\_\_

Total Field Trip Costs: \$ \_\_\_\_\_

OPTION II

Contracted Provider (Common Carriers)

Amount agreed for service: \$ \_\_\_\_\_

I will provide services for the amount agreed.

I hereby certify that I accept the quoted price and conditions for this trip.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Section IV -- Certification

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor FIN: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Verified by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Bookkeeper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# UNIVERSAL FIELD TRIP EXPENSE VOUCHER INSTRUCTIONS

## Section I -- General Information

School - Name and school number.

Date of Trip - Month, day and year of trip.

Class/Group - Grade level, section or type group, (i.e. 5th grade, football team, work program, etc.).

Number of Students - Total number of students on this bus.

Bus # - Number of the bus.

Bus Driver and Attendant - Name of the bus driver and attendant (if applicable). NOTE: Attendants employed by the bus contractor are required if a special needs ESE student is transported on an ESE bus.

Fund Center - The school's responsibility center number.

Fund - The fund number will be 10000 unless the trip is funded from Federal Funds. Federal Funds are a District expense NEVER Internal Accounts.

Function - The function will be 7800. (NOTE: For special projects, contact project manager for function codes other than 7800)

Transaction Code/Commitment Item - The object will be 390.

Purpose - Reason for trip.

Evacuation Drill Completed - Check box if bus operator completed the required School Bus Evacuation Drill prior to the start of the trip.

Destination Sites - Brief itinerary of where group is going.

## Section II -- Trip Mileage, Begin and End Times, and Itinerary. (THIS SECTION MUST BE COMPLETED BY THE TRIP SPONSOR FOR THE FIELD TRIP AUDIT.)

Mileage - Trip Departure Date is the date the trip begins and the Trip Return Date is the date the trip ends.

Trip Beginning Odometer is the odometer reading at the school center.

Site Arrival Odometer is the odometer reading at site (1st site in multi-site field trip).

Last Site Departure Odometer is the odometer reading at site, prior to return to school center.

Trip Ending Odometer is the odometer reading when bus returns to school center. (NOTE: If the bus leaves field trip site, only the odometer reading to site and return from site can be claimed. This action must be recorded in the "Comments" section of the voucher by the Trip Sponsor.)

Enter the Total Trip miles.

Time - Beginning Time is the time requested for the bus to arrive at the school center, usually ten (10) minutes prior to loading. If the bus arrives late to the pickup point, compensation begins at the time the bus arrived.

Site Arrival is the time arrived at the site.

Last Site Departed Time is the time leaving the site directly for the school (last site in multi-site field trip).

Return Arrival Time is the time arrived at the school center.

Total Trip Time - Total time the driver is employed for trip. (NOTE: If driver drops off the group and leaves the site, then returns at pickup time, only the time on site may be claimed by the driver for payment purposes.) The sponsor must make a record of the driver's time on-site in the "Comments" section of the voucher in order to validate the drivers on-site hours.

Field Trip Site Itinerary - List site locations in these slots for multi-site trip. (MUST BE COMPLETED.)

FOR COMMON CARRIER TRIPS ONLY: Record applicable expiration dates for State Badge and Commercial Driver's License.

Comments and Sponsor's Verification Signature - Sponsor verifies the accuracy of information listed in Section II. (Please add comments in this section or use an attachment if necessary.)

## Section III -- Funding

Field trips may be paid via a Purchase Order using District funds from the school's budget, or via a Purchase Approval/Check Requisition Form using the school's Internal Accounts. Common Carriers may ONLY be used when all Duval County Contractors decline to provide service.

Source of Funds - Place a check mark in the appropriate box. If the trip is paid from Internal Account funds, insert the Check Number and the Purchase Requisition Number. Keep voucher with your Request for Purchase Approval and Check Requisition Form. If the trip is to be paid for by "Other Department," for example: Community Education, Title I, Magnet, etc., place a check mark in the appropriate box and write the program name.

### Option I

Line A - Insert the Total Trip Time (NOTE: One (1) hour minimum). The compensation is paid in 15-minute increments after the first hour. Multiply that number by the per hour rate for the driver and/or attendant to get the dollar amount for total time. (Sixteen hours per day maximum.)

Line B - Insert the Total Trip Miles. Multiply that number by the per mile rate to get the dollar amount for the total miles. Total miles are paid in mileage tenth increments (.1, .2, .3, etc.) for any distance less than one mile.

Line C - A Contractor's bus attendant is required when a student is in a wheelchair or needs special assistance. The compensation is paid in 15-minute increments after the first hour. (Attendant compensation time starts and stops at the school center, based on the agreed time.)

Line D - General Rule for Overnight Travel Only: The Contractor shall be compensated for the actual cost of meals up to \$30 a day, documented by original receipts, provided to the trip sponsor before the end of the trip.

(1) Breakfast: When travel begins before 6:00 a.m. and extends beyond 8:00 a.m.

(2) Lunch: When travel begins before 12:00 noon and extends beyond 2:00 p.m.

(3) Dinner: When travel begins before 6:00 p.m. and extends beyond 8:00 p.m., or when travel occurs during nighttime hours due to special assignments.

(4) The individual meal allowance may not be claimed for a day of travel if subsection (a) applies for that day.

(a) Restriction: No reimbursement is authorized for any meal which is made available without specific charge. Hour of departure and hour of return must be shown for all travel.

### Option II

Source of Funds - Place a check mark on the appropriate line. If the trip is paid from Internal Account funds, insert the check number and keep with your Request for Purchase Approval and Check Requisition Form. If a trip is paid by "Other Department," for example Community Education, Title I, Magnet, etc., place a check mark on the appropriate line and write the program name on the line provided. The payment amount of a Contracted Provider (Common Carrier) is a negotiated price between the school principal and the carrier. If using a Contracted Provider (Common Carrier such as Annett Bus Lines, Greyhound, etc.) use the list distributed by Transportation and approved by Risk Management. If there are other local school bus contractors that are not Contracted Providers, approval must be secured from Transportation/Risk Management before contracting with that company. (NOTE: The Contracted Provider's signature verifies the amount agreed upon for the requested service. The Principal's signature indicates that the principal agrees to pay the amount quoted by the Contracted Provider for this trip.)

## Section IV -- Payment Certification

Insert the name, address, vendor number and FIN of the contractor. The Bookkeeper's signature verifies the accuracy of the information recorded on the form by the Trip Sponsor. The Principal's signature approves payment of the field trip.

For District funds use, make sure to enter your Purchase Order Number, Goods Receipt Number and Ticket Number on this form. This will help Accounts Payable pay the vendor in a prompt manner. Send the original, completed form to Accounts Payable, 2nd Floor, 1701 Prudential Drive (#3001).

For Internal Account Funds, follow the prescribed Internal Accounting procedures to make payment.

Booster Organizations and Other Non-School Organizations wishing to support school sponsored field trips do so by donating the funds to the school.

Please see SCHEDULING AND PAYMENT OF FIELD TRIPS SPONSORED BY BOOSTER ORGANIZATIONS AND OTHER NON-SCHOOL ORGANIZATIONS procedures for required processing of these field trips.

**IMPORTANT: THE FIELD TRIP CALCULATIONS ARE TO BE COMPLETED AND THE GOLDENROD COPY SENT TO THE TRANSPORTATION BUSINESS OFFICE (BLDG 3067, RM 17) IMMEDIATELY.**

**Classroom and/or Group Information Sheet**  
**OUT-of-County Field Trip (Step 14A)**

Field Trip: \_\_\_\_\_ Date of trip: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room number: \_\_\_\_\_

If attending field trip, Teacher Cell phone: \_\_\_\_\_ (confidential, for emergency use only)

**This completed information sheet is to be placed on top of all the classroom student's signed Parent/Guardian Consent Forms and all the signed Chaperone Volunteer Responsibility forms, then rubber band together, and placed in the above teacher's mailbox before leaving for the field trip.**

**Approved Chaperones attending field trip with Cell phone** (all cell numbers are confidential and for emergency use only):

Chaperone: \_\_\_\_\_ Cell: \_\_\_\_\_

Chaperone: \_\_\_\_\_ Cell: \_\_\_\_\_

Chaperone: \_\_\_\_\_ Cell: \_\_\_\_\_

Chaperone: \_\_\_\_\_ Cell: \_\_\_\_\_

Chaperone: \_\_\_\_\_ Cell: \_\_\_\_\_

Chaperone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Students who are NOT attending the field trip and are at school:**

Student: \_\_\_\_\_ w/Teacher: \_\_\_\_\_ Rm # \_\_\_\_\_

Student: \_\_\_\_\_ w/Teacher: \_\_\_\_\_ Rm # \_\_\_\_\_

Student: \_\_\_\_\_ w/Teacher: \_\_\_\_\_ Rm # \_\_\_\_\_

Student: \_\_\_\_\_ w/Teacher: \_\_\_\_\_ Rm # \_\_\_\_\_

Student: \_\_\_\_\_ w/Teacher: \_\_\_\_\_ Rm # \_\_\_\_\_

Student: \_\_\_\_\_ w/Teacher: \_\_\_\_\_ Rm # \_\_\_\_\_

**Students who are Absent:**

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

Student: \_\_\_\_\_

## **Field Trip—Out-of-Cafeteria Meals SOP**

### **Important Notes for Teachers and Cafeteria Employees:**

- A cafeteria employee must provide a Field Trip Bag Lunch Request form (page 3) to the teacher for field trip days. This form must be completed and returned by the teacher to the cafeteria employee at least two weeks prior the field trip date. Returning this form by the requested date will assist cafeteria employees planning and preparing Field Trip meals.
- The cafeteria employee must provide a Field Trip Temperature Log (page 4) and a thermometer to the teacher on the field trip day. The teacher must return the completed, signed, and dated Field Trip Temperature Log and the thermometer to the cafeteria employee at the end of the Field Trip day.
- The teacher must provide a cooler where lunches and the thermometer are to be placed in. Lunches must be placed in the cooler immediately as the students go through the POS.
- The cafeteria manager must verify that all pertinent Field Trip documentation is completed and filed with the end of day paperwork for the field trip date. This documentation includes the completed Field Trip Bag Lunch Request form, the completed and signed Field Trip Temperature Log, and the Field Trip Lunch Recipe.

### **Counting and Claiming Procedures**

- The cafeteria will prepare each lunch according to the Field Trip Bag Lunch Recipe.
- All Field Trip meals are non-OVS (Offer vs. Serve). A unitized bag lunch is provided to each student that wishes to participate. This program is applicable at all DCPS sites.
- These lunches will contain 4 components plus each student will be given a choice of milk.
- Each student requesting a field trip lunch as recorded on the Field Trip Bag Lunch Request form provided to the teacher by the cafeteria employee will proceed to the cafeteria to pick up the lunch.
- A cafeteria employee will provide a thermometer and a Field Trip Temperature Log for the cooler which must be used to take the temperature of the milk before distribution.
- Cashier ensures each student has a reimbursable meal prior to claiming by using the completed Field Trip Bag Lunch Request form from the teacher.
- The Student's ID card or number is entered at the POS at the end of the serving line.
- The student is verbally identified by name at the POS.
- The "And Justice for All" poster will be posted and visible in the area where the students are receiving the meal.
- The completed Field Trip Bag Lunch Request form and completed Field Trip Temperature Log must be filed with the End of Day paperwork for that date.
- The cafeteria manager is always responsible for verifying that the Field Trip Out-of-Cafeteria Meals Procedures are followed accurately and that all field trip pertinent documentation is filed properly.

### Field Trip Bag Lunch Request Form

All students can order a bag lunch for a field trip. Lunches must be placed in a cooler before leaving the cafeteria. All students (Free, Reduced and Paid) can order a sack lunch for a Field Trip.

Date of trip \_\_\_\_\_

Homeroom Number # \_\_\_\_\_ Teachers Name \_\_\_\_\_

Date requested Bag Lunches \_\_\_\_\_  
(Must be at least two weeks prior to the trip)

School Name \_\_\_\_\_ School # \_\_\_\_\_

Student ID # \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Manager/Employee Verifying Meals

## Field Trip Temperature Log (Step 15)

School Number \_\_\_\_\_ School Name \_\_\_\_\_

Teacher \_\_\_\_\_ Date of Field Trip \_\_\_\_\_

State Policy dictates that we must keep milk and food cold while attending field trips. We would ask that you keep the lunches and milk in coolers until service time. Please record the temperature of the cooler just before service. Please return this log and the thermometer to the cafeteria or place in the cafeteria manager's mailbox. We appreciate your cooperation.

Your cafeteria manager can demonstrate how to take temperatures properly.

Item	Temperature	Printed Name and Initials of Adult taking Temps

Cafeteria Manager sign when returned	Date returned

Prior to departing EVERY location, take attendance. A number may be assigned to each student and chaperone, then a "call-off" procedure may be utilized to expedite the attendance process.

**FIELD TRIP ATTENDANCE (Step 16)**

	<b>Last Name</b>	<b>First Name</b>	<b>Chaperone Group</b>	<b>Class</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
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FIELD TRIP ATTENDANCE (Step 16)

	Last Name	First Name	Chaperone	Class
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## FIELD TRIP ATTENDANCE (Step 16)

	<b>LastName</b>	<b>FirstName</b>	<b>Chaperone Group</b>	<b>Class</b>
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<b>71</b>				
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