

# Leon County Schools Out-of-County Reimbursement Travel Voucher

LCS-9850-1177  
Rev. July 2007

Print or type clearly.

Check here if address given is NEW.

Circle One:

LSCB Employee (APPROVED leave slip MUST BE ATTACHED)  
NO LEAVE SLIP REQUIRED FOR THE FOLLOWING  
 Student  Parent  Consultant  Other

NAME  
**Dr. Kathleen L. Rodgers**

PID#  
**000038315**

HOME ADDRESS  
**5439 Whistler Drive**

CITY, STATE, ZIP (NINE DIGIT)  
**Tallahassee, Florida 32317**

SCHOOL/DEPARTMENT NAME/COST CENTER #  
**Intervention, Equity and Support Services**

WORK PHONE NUMBER  
**850-487-7306**

EXPENSES INCURRED FOR ATTENDING:

From: **Tallahassee, Florida** To: **Boca Raton** Date: **3/6/16** Hr. of Departure: **9:00** **AM** **PM**  
Point of Origin Point of Destination (must circle one)

Arrived from: **Boca Raton** Date: **3/9/16** Hr. of Arrival: **3:00** **AM** **PM**  
(must circle one)

Per Diem: \_\_\_\_\_ @ \_\_\_\_\_ \$ **-0-**  
No. of Days (if per diem is claimed, hotel & meals are not applicable)

Actual Expenses Hotel (occupancy charges) **4 rooms @ \$597.00 ea.** \$ **2,388.00** ✓

(Detailed paid invoice must be attached.) Print name(s) of occupant(s) if room is shared.  
(Check one) Paid by:  Traveler  LCSB \_\_\_\_\_ (if by PO list PO#)  School  
 Other \_\_\_\_\_ (list source)  Agency / Provide Name of Agency \_\_\_\_\_

(When travel begins before 6:00 AM and extends beyond 8:00 AM) **3** Breakfast \$8.00 \$ **24.00** ✓

(When travel begins before 12:00 Noon and extends beyond 2:00 PM) **4** Lunch \$8.00 \$ **32.00** ✓

(When travel begins before 6:00 PM and extends beyond 8:00 PM) **3** Dinner \$20.00 \$ **60.00** ✓

Registration Fee (receipt must be attached) **There was no registration** \$ **-0-**

(Check one) paid by:  Traveler  LCSB \_\_\_\_\_ (if by PO list PO#)  Procurement Card (T if applies)  
 School  Other \_\_\_\_\_ (list source)

No. of miles (per official road map or other verifiable source (list other source) \_\_\_\_\_ @ 48.5 cents (eff. 7/1/07) \$ **-0-**

Vicinity Miles (list must be attached) \_\_\_\_\_ @ 48.5 cents (eff. 7/1/07) \$ **-0-**

Name of Source providing transportation if different from Traveler: \_\_\_\_\_

Airplane fare (attach airline ticket and/or boarding pass) Ticket Number \_\_\_\_\_ \$ **-0-**

(Check one) paid by:  Traveler  LCSB \_\_\_\_\_ (if by PO list PO#)  
 School  Other \_\_\_\_\_ (list source)

Vehicle Rental (attach rental agreement) Agreement Number **482878** \$ **173.55** ✓

(Check one) paid by:  Traveler  LCSB \_\_\_\_\_ (if by PO list PO#)  
 School  Other \_\_\_\_\_ (list source)

Other incidental expenses: **Tolls and gas** \$ **111.07** ✓  
(specify & attach receipts, if additional space is required, you may attach another sheet of paper)

**Complete form  
and attach all  
original receipts.**

TOTAL TRAVEL EXPENSES PAID BY SOURCES OTHER THAN TRAVELER \$ **2561.55**

TOTAL TRAVEL REIMBURSEMENT REQUESTED \$ **227.07**

TOTAL TRAVEL EXPENSES \$ **2,788.62**

Travel expenses to be paid by:							\$ <b>2561.55</b>
<b>1100</b>	<b>6400</b>	<b>3600</b>	<b>9844</b>	<b>35001</b>	<b>00000</b>		
Fund	Function	Object	Center	Project	Program		
<b>1100</b>	<b>6400</b>	<b>3320</b>	<b>9844</b>	<b>35001</b>	<b>00000</b>		\$ <b>227.07</b>
Fund	Function	Object	Center	Project	Program		
		<b>3320</b>					\$
Fund	Function	Object	Center	Project	Program		

I hereby certify or affirm that this travel claim is true and correct in every material matter, and that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties, that per diem claimed has been appropriately reduced for any meals or lodging included in the convention or conference registration fees claimed. Total requested for reimbursement was paid by me and is not being reimbursed by any other source. Any travel expenses omitted were omitted with agreement that the traveler/payee shall only receive payment of the travel expenses listed and the authorizing and/or funding department has agreed to pay the amount listed above in Total Travel Expenses.

Traveler/Payee: **Kathleen Rodgers** **3/14/16**  
Signature Date

APPROVALS  
Principal/Supervisor: \_\_\_\_\_ Funding Department Head: \_\_\_\_\_ Department Head: **Manning J. Henderson**  
**3-29-16**

W. H. ...  
1858

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### OUT-OF-COUNTY/STATE TRAVEL REQUEST

**MUST BE SUBMITTED TO THE DIVISIONAL DIRECTOR A MINIMUM OF TWO WEEKS PRIOR TO THE TRIP OR THE REQUEST MAY NOT BE APPROVED**

Please provide the following information when requesting approval from the Superintendent to attend out-of-county/state conferences, workshops, meetings, etc. (Not for field trips. Do not use this form if students are participants; see *Field Trip Authorization Request* LCS 9420-0001)

Name(s) of all Attendees: Dr. Kathleen L. Rodgers, DeShone Hedrington, J. P. Swope and Anthony McQuade

School/Division: Dr. Kathleen L. Rodgers

1. Are there students on this trip? X\_No \_\_\_ Yes (if yes, do not use this form; complete and submit LCS 9420-0001 *Field Trip Authorization Request*).

2. Please list the name and place of the conference, workshop, meeting, etc. Please attach an agenda or itinerary. All Together Now: securing LGBTQ Safe Learning Environments across Florida!

3. What are the dates of the conference, workshop, meeting, etc.? March 6 - 9, 2016

4. Has your supervisor approved your request? Yes \_\_\_\_\_  
Please attach all copies of a completed, original four-part leave slip. Make sure you designate the areas for which you wish to be reimbursed and the funding source.

5. What are the benefits for Leon County Schools by you attending the conference, workshop, meeting, etc?  
The benefits of the conference to LCS is for us to learn strategies for working with students/employees in the LGBTQ community.

6. a) Total number of adults on trip: 4

b) What is the total cost of the trip per person (please itemize, i.e., registration, travel, hotel, meals, subs, tickets, tolls, fares):

\$ 833.50 approximately

c) How much of this will be paid by Leon County Schools and from what source (TEC funds [include signed TEC form], internal accounts, federal funds, etc.):

\$ 3,334.00

FEB 23 2016

Please include this approved request form with your travel reimbursement request form upon your return.

Principal/Supervisor Signature

Date

2/16/16

Approve  Deny

Director Signature

Date

Deputy Superintendent Signature

Date

2-23-16

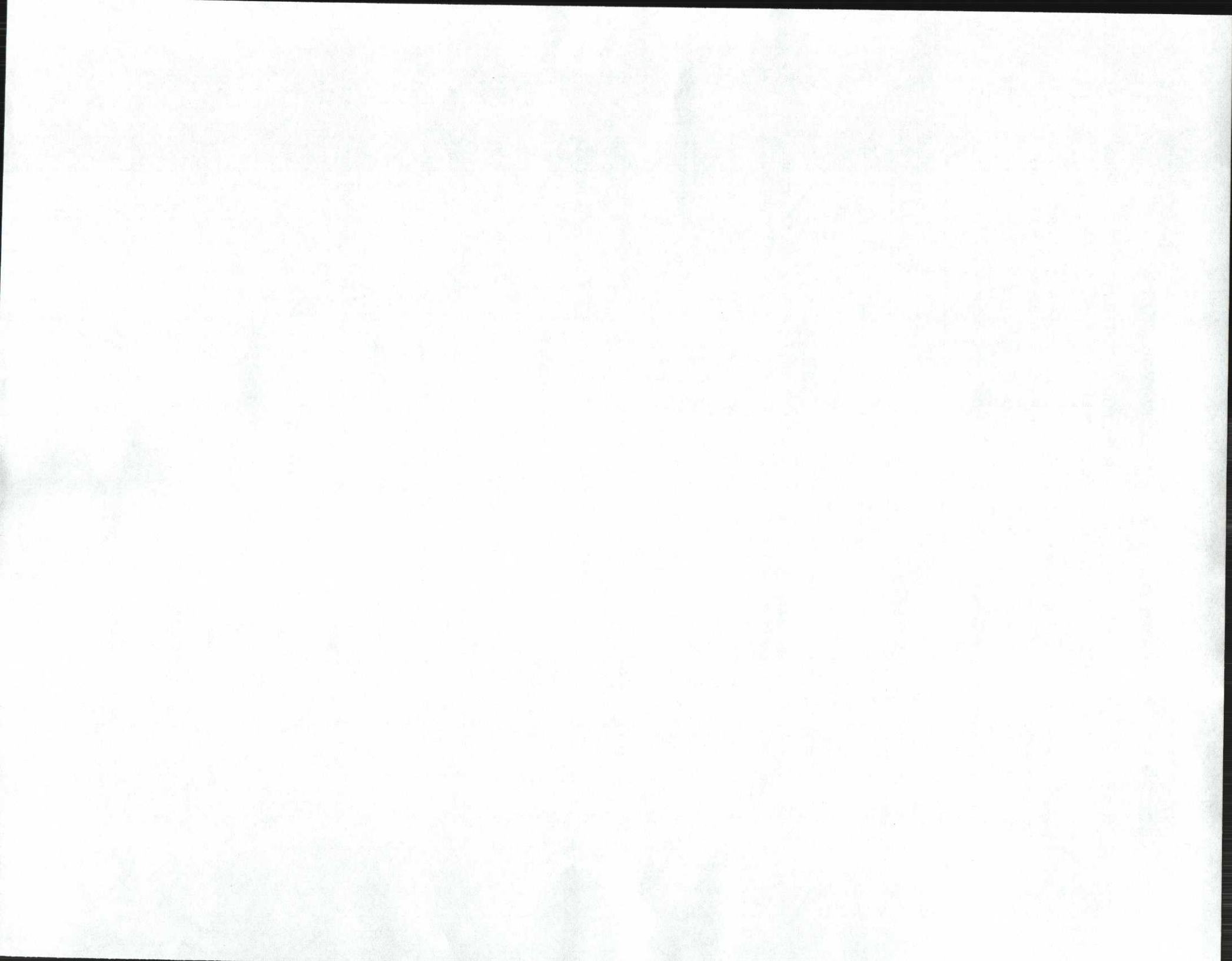
Approve  Deny

Superintendent Signature

Date

2-23-16

Approve  Deny



IMPROPER OR INCOMPLETE TRAVEL REQUEST WILL AUTOMATICALLY BE RETURNED AND WILL DELAY YOUR REIMBURSEMENT

## INSTRUCTIONS FOR COMPLETING A LCSB OUT-OF-COUNTY REIMBURSEMENT TRAVEL VOUCHER

1. **CHANGE OF ADDRESS:** Notifying Personnel and Payroll does not update your file with Finance. Please check the appropriate box if address indicated on travel voucher is NEW.
2. **HOME ADDRESS:** Traveler's HOME address is indicated on voucher complete with NINE DIGIT ZIP CODE. Check cannot be mailed to schools/departments.
3. **LEAVE REQUEST/TRAVEL APPROVAL:** A copy of your leave request or the original travel approval must accompany all travel reimbursements if you are a Leon County Schools Employee. Out of State travel must be approved by Superintendent or designee.
4. **CONFERENCE AGENDA:** An agenda from workshops, conferences, seminars or conventions must be attached to this travel voucher.
5. **HOUR OF DEPARTURE/ARRIVAL:** Enter the time you departed for travel and the time you returned from travel to headquarter/home. You must circle AM or PM after the hour of departure/arrival.
6. **PER DIEM:** If per diem is claimed then hotel and meal expenses are not applicable. If hotel or meals were paid by another entity, per diem cannot be claimed. If meals are complimentary, the allowance for the meals provided must be deducted from the per diem.
7. **HOTEL EXPENSES:** Original detailed receipts showing zero balance due must be submitted with reimbursement request. If room is shared you must list name(s) of all occupant(s) other than the name of traveler requesting reimbursement. If room was paid by other means (example: Purchase order, another agency) you must check how it was paid and provide P.O. number or agency name that paid for the room.
8. **CLASS C TRAVEL:** For trips that were not overnight. Those meals must be taxed; therefore they will be routed through the Payroll Department for payment. Payroll phone number is 487-7270.
9. **CLASS A OR B TRAVEL:**  
Class A travel – Continuous travel of 24 hours or more away from official headquarters.  
Class B travel – Continuous travel of less than 24 hours which involves overnight absence from official headquarters.  
Requirements for meal allowances are on the front of this voucher.
10. **OFFICIAL MILEAGE:** In accordance with Travel procedures, you must utilize the State Department of Transportation Official State Map. Check with your manager or call the Finance Department, Account Payable – 487-7121. Internet resources may be used. You must list the web address used or attach copy.
11. **VICINITY MILES:** Mileage from city limits to hotel; hotel to conference, etc. A list must be provided explaining how mileage was obtained. If you are using a web site to calculate official mileage which includes the vicinity mileage, you are not required to attach a separate listing of these miles. You will not be reimbursed for mileage to restaurants or any other location for personal reasons.
12. **AIRPLANE FARE:** A copy of the airplane ticket/boarding pass must be attached. You must indicate who paid for the airplane ticket. You must write the ticket number on the travel voucher. If traveler paid for ticket, the original receipt must be attached.
13. **RENTAL VEHICLE:** The vehicle rental agreement must be attached. You must indicate who paid for the rental vehicle. You must include the rental agreement number (RA) on the travel voucher. If traveler paid for rental, the original receipt must be attached. If travel did not use state contract for rental vehicle, you must attach a statement justifying it was more economical or that state contract could not provide vehicle required.
14. **OTHER INCIDENTAL EXPENSES:** These include valet parking, tolls, phone calls (LCSB related only), taxi, etc. You must specify expense and attach original receipts. NOTE: TIPS ARE NOT REIMBURSABLE. MAXIMUM AMOUNT REIMBURSABLE TO INDIVIDUAL WITHOUT RECEIPT IS \$5 PER INCIDENT. Postage is not reimbursable unless an excess amount of materials are required to be transported for a conference (i.e. Computer, workbooks, etc.) If this type of postage is required, an explanation must be attached to voucher with the receipt.
15. **CODING STRIP:** When more than one fund source (spilt coding) will be utilized to reimburse expenses, ALL coding strips must be indicated on the voucher. The funding department shall provide the fund, function, and cost center, project and program codes. The objects shall be charged in accordance with the travel voucher line items. In the case where the traveler has purchased items such as books, software, supplies, etc. the funding department shall list the appropriate object for these items.

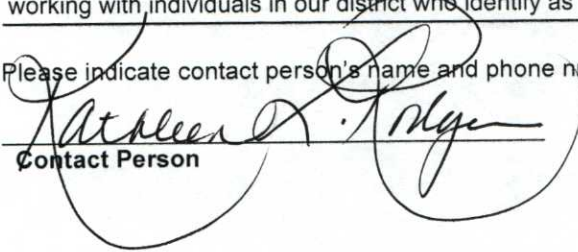
**ANY CHANGES MADE TO THE FORM MUST BE INITIALED AND DATED BY THE PERSON MAKING THE CHANGE.**

The above instructions are to comply with Leon County Administrative procedure C-2; LCS Policy 6.08; Florida Statutes Chapter 112.061. You can view these on the Internet, at <http://www.leon.k12.fl.us/Public/Business/Finance/travel.htm>.

### STATEMENT OF BENEFITS (must be attached to voucher)

Attending the 2nd LGBTQ Florida School District Conference - 2016, has been a worthwhile professional development. As a participant, I was able to network with colleagues from around the state and engage with students who identify with the LGBTQ community. Doing so enabled me to better understand my role as Equity Officer in developing policies and procedures germane to working with individuals in our district who identify as LGBTQ. It also helped to refine training for district administrators.

Please indicate contact person's name and phone number should Finance have any questions.

  
Contact Person

850-487-7306  
Phone Number

1001-77-323

1001-77-323



**LEON COUNTY SCHOOLS  
LEAVE REQUEST**

Facility #: 9460

Date: 2/17/16

PID number	Last Name	First Name	Middle Initial
<u>38315</u>	<u>Rodgers</u>	<u>Kathleen</u>	<u>L</u>

Code	Type of Leave	Date	Begin. Hour	Date	Ending Hour	# Hours	*	Substitute
<u>680</u>	<u>Temp Duty</u>	<u>3/6/16</u>	<u>8:00 a.m.</u>	<u>3/9/16</u>	<u>7:00 p.m.</u>			<u>FEB 23 2016</u>

Reason for request: All Together Now - LGBTQ Conf. Destination: Boca Raton, FL

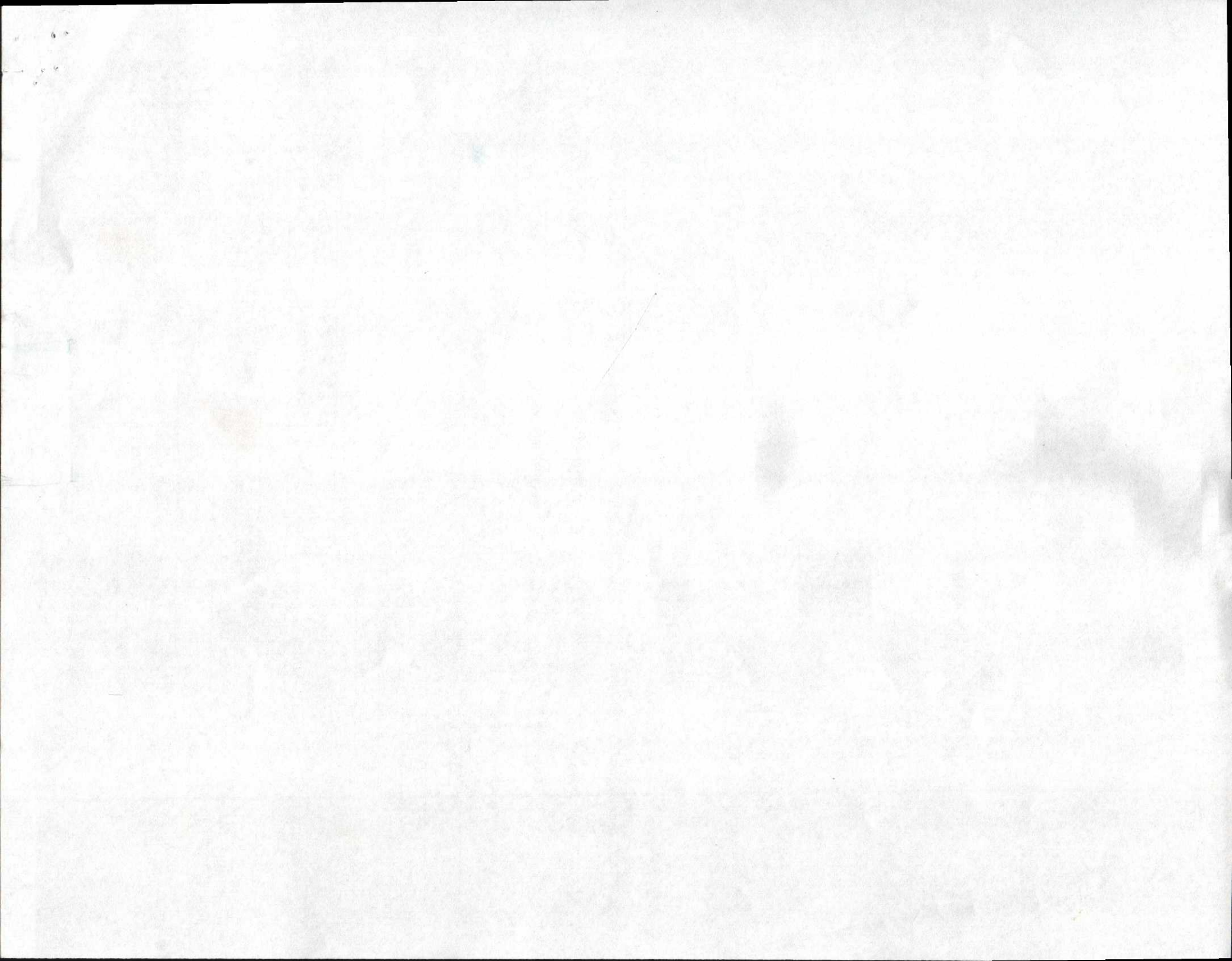
Expenses Requested: Registration  Per Diem  Travel  Other  (specify) None   
 Fund Source: General  Federal  Internal  Other  (specify)  Substitute needed ( ) yes ( ) No

Kathleen Rodgers Signature of Requestor 2/17/16 Date

Christina Henderson Authorized Supervisor 2.23.16 Date Approved  Not Approved

\_\_\_\_\_  
Signature of Superintendent \_\_\_\_\_ Date Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\*Lunch Included \_\_\_\_\_ Date Approved by the Board \_\_\_\_\_ (016400) LCSB-9843-004



**EMBASSY SUITES**  
by HILTON

661 NW 53rd Street • Boca Raton, FL 33487  
Phone: (561) 994-8200 • Fax: (561) 994-9518  
For reservations across the nation  
www.embassysuites.com or 1-800-EMBASSY

Name & Address

HEDRINGTON, DESHONE  
661  
BOCA RATON FL 33487  
UNITED STATES OF AMERICA

Suite 332/KNGN  
Arrival Date 3/6/2016 4:14:00 PM  
Departure Date 3/9/2016  
  
Adult/Child 1/0  
Suite Rate 199.00  
  
Rate Plan: ATN  
HH #  
AL:  
Car:

*Folio*

Confirmation Number: 85625479

3/9/2016

**H HONORS**  
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/6/2016	2775074	GUEST ROOM EXEMPT	\$199.00
3/7/2016	2775590	GUEST ROOM EXEMPT	\$199.00
3/8/2016	2776229	GUEST ROOM EXEMPT	\$199.00
		**BALANCE**	\$597.00

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		617749 A
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION PLEASE COME BACK AND EXPERIENCE THE EVEN GREATER US IN THE FUTURE.....	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE <b>X</b>	TOTAL AMOUNT	



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661 NW 53rd Street • Boca Raton, FL 33487  
Phone: (561) 994-8200 • Fax: (561) 994-9518  
For reservations across the nation  
www.embassysuites.com or 1-800-EMBASSY

Name & Address

SWOPE, JOHN  
661  
BOCA RATON FL 33487  
UNITED STATES OF AMERICA

Suite 449/KNGN  
Arrival Date 3/6/2016 4:13:00 PM  
Departure Date 3/9/2016  
  
Adult/Child 1/0  
Suite Rate 199.00  
  
Rate Plan: ATN  
HH #  
AL:  
Car:

*Folio*

Confirmation Number: 86150215

3/9/2016

**H HONORS**  
HILTON WORLDWIDE

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/6/2016	2775120	GUEST ROOM EXEMPT	\$199.00
3/7/2016	2775652	GUEST ROOM EXEMPT	\$199.00
3/8/2016	2776290	GUEST ROOM EXEMPT	\$199.00
		**BALANCE**	\$597.00

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		617754 A
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION PLEASE COME BACK AND EXPERIENCE THE EVEN GREATER US IN THE FUTURE.....	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE <b>X</b>	TOTAL AMOUNT	





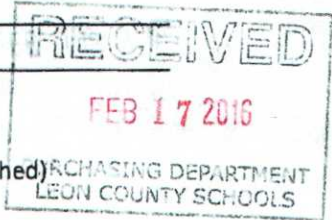


### Hotel Reservation Credit Card Authorization Form

Leon County School Board PCard Program  
2757 W. Pensacola St., Tallahassee, FL 32304

This letter authorizes (hotel) Embassy Suites by Hilton

located at 661 NW 53<sup>rd</sup> Street, Boca Raton, Florida



to charge the Leon County School Board purchasing card indicated below for the following:

- Room, parking, internet access, and business calls only (Tax Exemption Certificate is attached)
- Room, tax, parking, internet access, and business calls only.

The maximum allowable single room rate per day for this location cannot exceed. \$199.00 x 3 = 597.00  
X 4 = 2,388.00

All additional charges are to be billed to the traveler(s).

Guest Name(s)	Confirmation	Arrival Date	Departure Date
Kathleen L. Rodgers	Hotel <u>81899838</u>	March 6, 2016	March 9, 2016
Deshone Hedrington	Hotel	March 6, 2016	March 9, 2016
J. P. Swope	Hotel	March 6, 2016	March 9, 2016
Anthony McQuade	Hotel	March 6, 2016	March 9, 2016

Conference or Group Affiliation: \_\_\_\_\_

#### Bank of America VISA Purchasing Card Information

Credit Card Number: [REDACTED]

Credit Card Expiration Date: 02/17 3-Digit Security Code: 804

Cardholder Name: Kathleen L. Rodgers

Company Name: Leon County Schools

Billing Address: 2757 W. Pensacola Street

E-mail Address: rodgersk@leonschools.net

Telephone: 850-487-7306 FAX: 850-414-5146

Kathleen Rodgers  
Cardholder Signature

2/15/16  
Date

Marvin Henderson  
Approving Administrator

2-16-16  
Date

June Hall  
Approved PCard Administrator

2/17/16  
Date

1888

**ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, 3300 CAPITAL CIR SW, TALLAHASSEE, FL 323108732 (850) 575-0603**

**RENTAL AGREEMENT** REF#  
482878 3SDMHY

**SUMMARY OF CHARGES**

**RENTER**  
RODGERS, KATHLEEN

Charge Description	Date	Quantity	Per	Rate	Total
TIME & DISTANCE	03/05 - 03/09	4	DAY	\$34.29	\$137.16
REFUELING CHARGE	03/05 - 03/09				\$0.00

**DATE & TIME OUT**  
03/05/2016 07:07 PM  
**DATE & TIME IN**  
03/09/2016 06:44 PM

**Subtotal: \$137.16**

**BILLING CYCLE**  
24-HOUR

**Taxes & Surcharges**

AIRPORT ACCESS	03/05 - 03/09			11.11%	\$15.55
FACILITY AND OPERATION FEE	03/05 - 03/09	4	DAY	\$4.50	\$18.00
TIRE AND BATTERY FEE	03/05 - 03/09	4	DAY	\$0.02	\$0.08
VLF RECOVERY FEE	03/05 - 03/09	4	DAY	\$0.69	\$2.76

**Total Charges: \$173.55**

**VEH #1 2016 DODG GCAR SXT1**  
VIN# 2C4RDGCG4GR179575  
LIC# BWJK45  
MILES DRIVEN 787

**Bill-To / Deposits**

**FL-LEON COUNTY SCHOOLS**

TIME & DISTANCE	03/05 - 03/09	4	DAY		
REFUELING CHARGE	03/05 - 03/09				
AIRPORT ACCESS	03/05 - 03/09	1	PERCENT	11.11%	
FACILITY AND OPERATION FEE	03/05 - 03/09	4	DAY		
TIRE AND BATTERY FEE	03/05 - 03/09	4	DAY		
VLF RECOVERY FEE	03/05 - 03/09	4	DAY		

**Subtotal: (\$173.55)**

**BILL TO ACCOUNT**  
FL-LEON COUNTY SCHOOLS  
ATTN: UNKNOWN  
3397 W. THARPE ST  
TALLAHASSEE, FL 32303

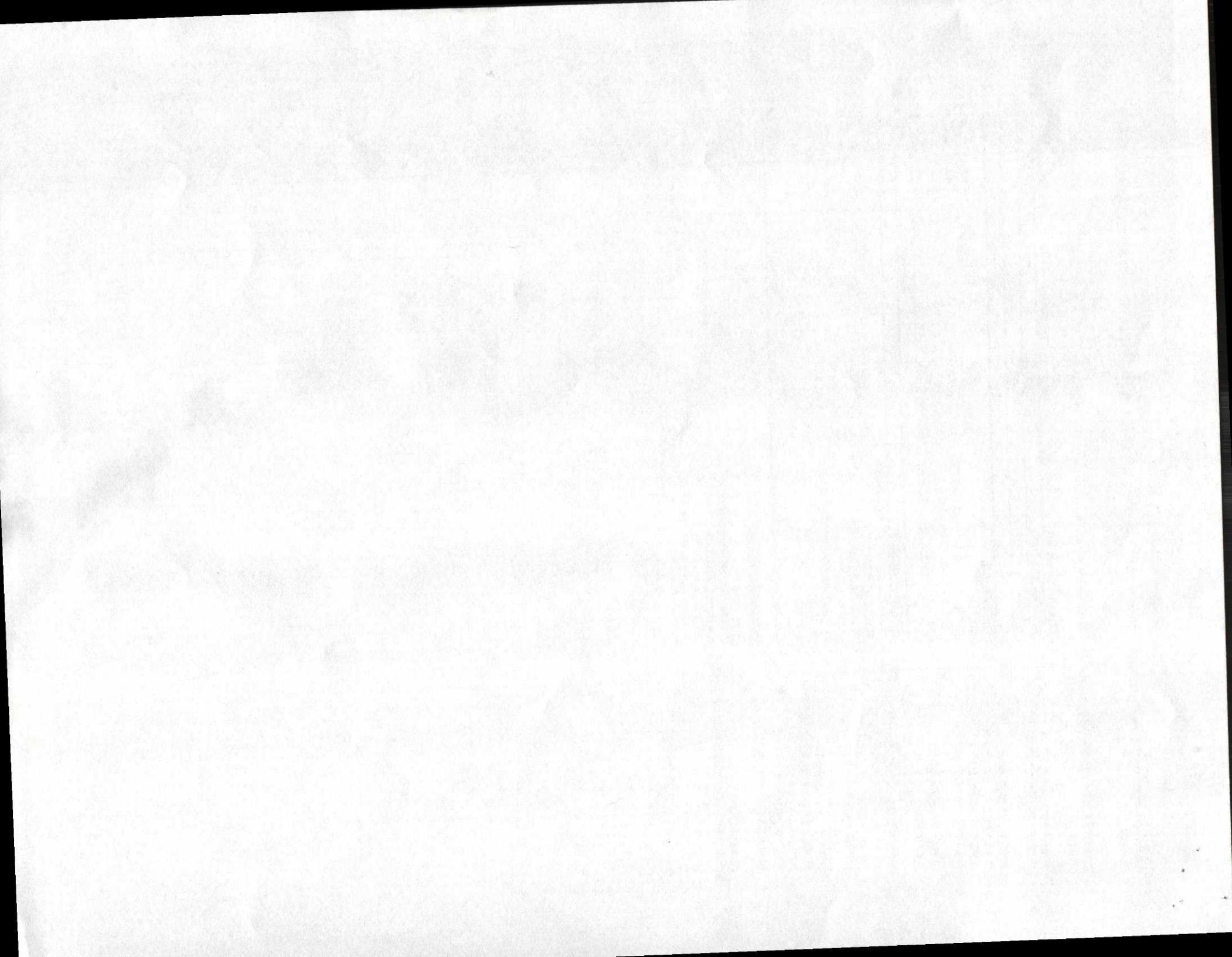
**Total Amount Due**

**\$0.00**

**CLAIM INFO**  
INSURED: ADMINISTRATIVE SITE

**PAYMENT INFORMATION**  
AMOUNT PAID TYPE

**CREDIT CARD NUMBER**



FT. PIERCE SHELL  
MM#145 FL. TURNPIKE  
772-879-3878

SHELL  
10047712012  
MILE MARKER 145  
PORT SAINT LU, FL  
34952  
03/06/2016 155948256  
02:54:59 PM

XXXX XXXXXX X [REDACTED]  
AMEX

INVOICE 907246  
AUTH 502636

PUMP# 20  
UNLEADED 17.809G  
PRICE/GAL \$1.969

FUEL TOTAL \$ 35.07

CREDIT \$ 35.07

Save \$0.25/gal! Join the Fuel Rewards  
program today.  
Terms & conditions apply. Offer ends  
6/5/16. Visit [fuelrewards.com](http://fuelrewards.com)

HAVE A NICE DAY  
PLEASE DRIVE  
SAFELY!!!

WELCOME

00000148916-01  
COLLEGE MARATHON  
3821 SW COLLEGE RD  
OCALA FL

AMERICAN EXPRESS  
RODGERS/KATHLEEN L  
AUTH# 00 DOC# 88001  
DATE 03/09/16 12:16  
PUMP # 02  
PRODUCT: UNLD  
APPROVAL # 545635  
GALLONS: 16.947  
PRICE/G: \$ 1.829  
FUEL SALE \$ 31.00

EARN UP TO \$.25 ON  
MARATHON PURCHASES  
WITH MARATHON VISA

THANK YOU  
HAVE A NICE DAY

WELCOME TO  
CIRCLE K 5986  
5445 CAPITAL CIRCLE SW  
TALLAHASSEE, FL 32305

0000006895  
6500 CAPITAL CIR

CIRCLE K  
TALLAHASSEE FL

DUPLICATE OUTDOOR RECEIPT

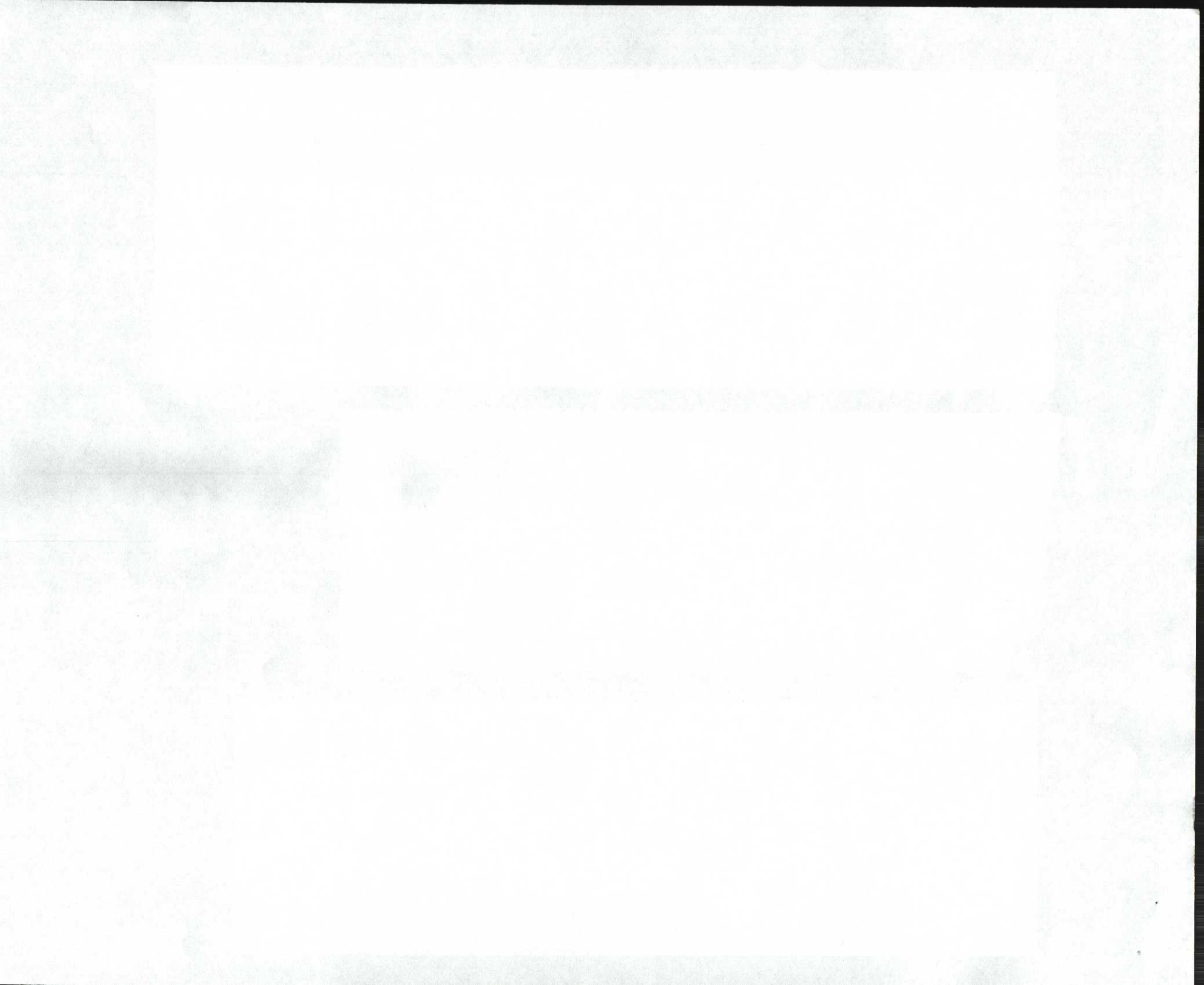
DATE 03/09/16 18:22  
PUMP # 11  
PRODUCT: REGUNL  
GALLONS: 8.154  
PRICE/G: \$ 1.839  
FUEL SALE \$ 15.00

AMEX  
XXXXXXX [REDACTED]  
Auth #: 524621  
Ref: 21695004  
Resp Code: 000  
Term ID: 00011  
Stan: 0146112730

SITE ID: 5760293

Earn rebates  
with BP Visa  
Take application  
and Apply Today

THANK YOU  
COME AGAIN SOON



FLORIDA TURNPIKE ENTERPRISE

CUSTOMER TOLL RECEIPT

Jupiter ML

FLORIDA TURNPIKE ENTERPRISE

PLAZA 004150 LANE 06  
COLL R523  
TOLL DUE 12.00  
PAID 12.00 CHANGE 8.00  
PAY TYPE CASH

03/06/16-15:22:56.942

<http://www.sunpass.com>

1-888-865-5352

Thank you!

FLORIDA TURNPIKE ENTERPRISE

CUSTOMER TOLL RECEIPT

Leesburg

FLORIDA TURNPIKE ENTERPRISE

PLAZA 003100 LANE 06  
COLL C091  
TOLL DUE 3.00  
PAID 3.00 CHANGE 0.00  
PAY TYPE CASH

03/06/16-11:58:40.914

<http://www.sunpass.com>

1-888-865-5352

Thank you!

FLORIDA TURNPIKE ENTERPRISE

CUSTOMER TOLL RECEIPT

Leesburg

FLORIDA TURNPIKE ENTERPRISE

PLAZA 003100 LANE 15  
COLL 3918  
TOLL DUE 3.00  
PAID 3.00 CHANGE 0.00  
PAY TYPE CASH

03/09/16-11:08:56.061

<http://www.sunpass.com>

1-888-865-5352

Thank you!

FLORIDA TURNPIKE ENTERPRISE

CUSTOMER TOLL RECEIPT

Three Lakes ML

FLORIDA TURNPIKE ENTERPRISE

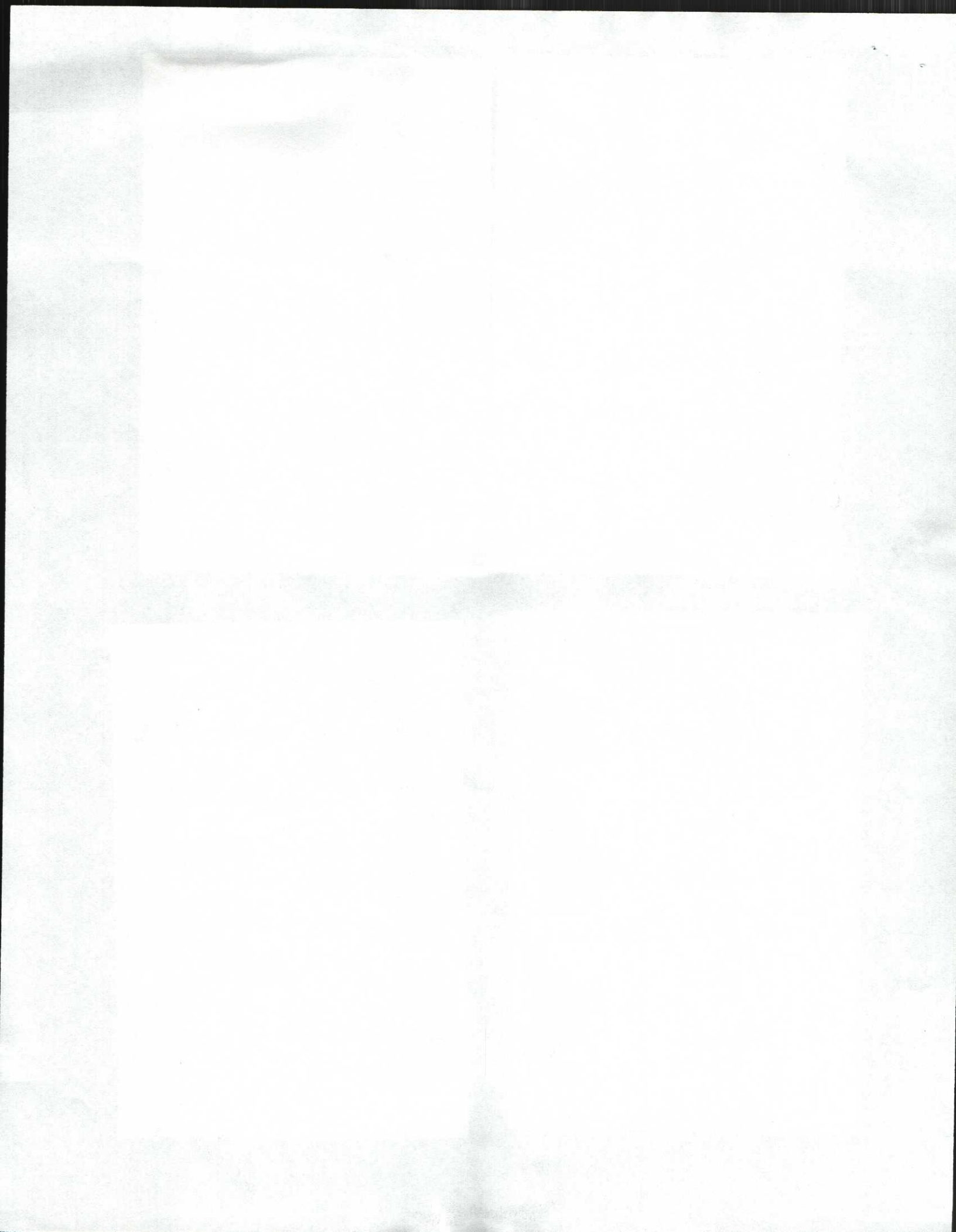
PLAZA 004100 LANE 15  
COLL R502  
TOLL DUE 12.00  
PAID 12.00 CHANGE 3.00  
PAY TYPE CASH

03/09/16-10:25:56.144

<http://www.sunpass.com>

1-888-865-5352

Thank you!





# *Announcing*

the 2nd LGBTQ Florida School District Conference

# ALL TOGETHER NOW:

Securing LGBTQ Safe Learning Environments across Florida!



**Monday March 7, 2016**  
**8:30am to 4:30pm**

**Tuesday March 8, 2016**  
**8:30am to 4:30pm**

At The Safe School Institute on the campus of Don Estridge Tech Middle School  
1790 NW Spanish River Blvd. Boca Raton, FL 33431

The conference is a joint project of the LGBTQ Steering Committees of



Accommodations: Discounted rooms, \$199.00 per night, available with free conference shuttle at the Embassy Suites by Hilton, 661 NW 53rd Street, Boca Raton • 561.994.8200 (mention "All Together Now" conference). Many other hotels nearby.

## Topics will include

- Best Practice Programs and Policies for LGBTQ Inclusion
- Transgender Policies and Procedures
- GSA Support
- LGBTQ Leadership Roundtable Conversations

## Who Should Attend

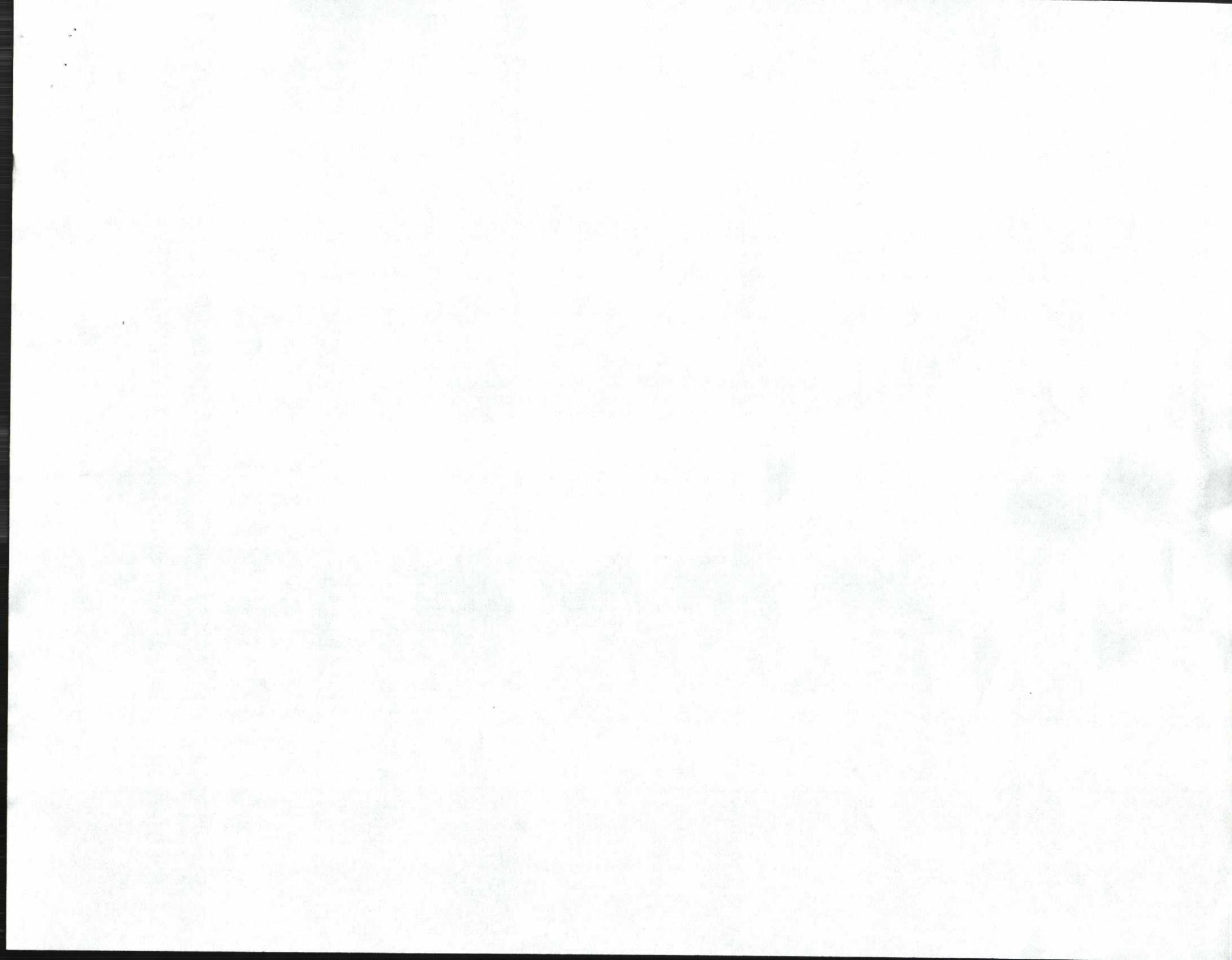
Two to four safe schools district leaders or district leads who are championing inclusive LGBTQ safety and well-being. District leads should be in a position to suggest and implement inclusive policies and/or programs and practices for LGBTQ students or students, families and staff.

**District representatives might include, but certainly are not limited to:**

- Safe school district coordinators
- Student support and services district coordinators
- School board members
- Superintendents, associate superintendents, district directors
- PTA state and district officers

**In addition, we welcome support and attendance from:**

- FL DOE representatives
- Nonprofits working toward LGBTQ safety that have established district relationships
- Statewide school board, superintendent and teacher organizations



## Agenda - Monday, March 7

8:00 am - 8:30 am	<b>Registration / Breakfast</b>
8:30 am - 9:30 am	<b>Welcome and Keynote</b>
	De Palazzo, Staff Facilitator, LGBTQ Coordinator, Broward County Public Schools
	Keith Oswald, Chief Academic Office, School District of Palm Beach County
	Miami-Dade County Public Schools Representative, Remarks
	Stratton Pollitzer, Deputy Director, Equality Florida
	Dr. Kevin O'Connor, Instructional Facilitator, Broward County Public Schools
	Keynote Address: Robert Runcie, Florida Superintendent of the Year, Broward County Public Schools
9:30 am - 11:30 am	<b>Concurrent Sessions</b>
	<b>Session 1: Understanding Gender and LGBTQ Youth Needs: An Introduction and Beyond</b>
	Joseph Zolobczuk, Executive Director of Education, YES Institute
	Umut Dursun, Community Liaison, YES Institute
	Diane Schneider, Trainer and Community Outreach Coordinator, Safe Schools South Florida
	<b>OR</b>
	<b>Session 2: Our Students' Sexual Health: What They Know and What We Can Do About It</b>
	Kevin O'Connor, Instructional Facilitator, Broward County Public Schools
	Sebrina James, Instructional Facilitator, Sexual Health Coordinator, Broward County Public Schools
	Alejandro Acosta, Instructional Facilitator, Broward County Public Schools
	Malaika Pepper Washington, Acting Team Lead, Large City Implementation Team, CDC/DASH
11:30 am - 12:15 pm	<b>Lunch / Sponsor Recognition</b>
12:15 pm - 2:15 pm	<b>From Policy to Practice: A Spectrum of District Leaders Share Strategies and Methods for Creating LGBTQ Affirming Environments</b>
	Josephine Jackson, Executive Director, Office of Equity and Inclusion, Duval County Public Schools
	Dr. Kathleen Rodgers, Divisional Director, Equity Officer/Title IX Coordinator, Leon County School District
	April Prestipino, Assistant Superintendent for School Support, Charlotte County Public Schools
	Dr. Michael Desjardins, Director of Student Services, Charlotte County Public Schools
	Douglass Lobo, Executive Director, Student Services, Miami-Dade County Public Schools
	Robert Loupo, NBCT Teacher and Counselor (Ret), Miami-Dade County Public Schools; Co-Founding Member, MDCPS Sexual Minority Network; Co-Founder and Executive Director, Safe Schools South Florida
	Michaelle Pope, Executive Director, Student Support Initiatives, Broward County Public Schools
	De Palazzo, Staff Facilitator, LGBTQ Coordinator, Broward County Public Schools
2:15 pm - 2:30 pm	<b>Break</b>
2:30 pm - 4:30 pm	<b>What's the "T?": Understanding transgender issues from a school, legal and family perspective, including an introduction to Broward County Public Schools transgender procedures guide</b>
	De Palazzo, Staff Facilitator, LGBTQ Coordinator, Broward County Public Schools
	Mindy McNichols, Assistant School Board Attorney, Miami-Dade County Public Schools
	Deanna Muniz, Broward School Parent
4:30 pm - 4:45 pm	<b>Closing and Evaluation</b>

