

**VEA CONVENTION NOMINATION FORM & DELEGATE GUIDELINES**

**Thursday, March 28 – Saturday, March 30, 2019**

**Richmond, VA**

I understand that **delegates are required to attend ALL pre-convention caucuses and meetings on the convention floor** and that failure to do so will result in a reduction to my final expense reimbursement. (Delegates leaving the convention floor for reasons other than minor conveniences must notify the PWEA President or his/her designee and appropriate team leader.)

Initial: \_\_\_\_\_

I understand that I will receive an advance expense check at the pre-convention caucus, scheduled for Monday, March 4, 2019. I understand further that I must file my convention voucher, reporting all expenses and accompanied by itemized receipts to PWEA no later than April 30, 2019. **Failure to meet this deadline may require PWEA to file IRS Form 1099, reporting my initial allotment as taxable income AND will result in PWEA withholding future convention advance funds.** (Any monies not used for convention expenses must be returned to the PWEA Office.)

Initial: \_\_\_\_\_

I understand that **only the driver** of his/her personal vehicle will be reimbursed for mileage (roundtrip from his/her dwelling to the assigned hotel), tolls, and other auto-related expenditures as deemed appropriate. **Parking will not be reimbursed.** Alternate transportation engaged when convention-related transportation is provided will not be reimbursed. Evening transport for dining purposes, when viable options are within walking distance, will not be approved or reimbursed. Transport purely for personal entertainment purposes will not be approved or reimbursed.

Initial: \_\_\_\_\_

I understand that I will not be reimbursed for more than the  $\frac{1}{2}$  **room rate** at the assigned hotel. I am also responsible for an equal share of the cost for the hotel room for each designated night of the convention, regardless of emergencies or other personal situations that may require me to arrive late or depart early from convention.

Initial: \_\_\_\_\_

I understand that in the event I am on a **Professional Improvement Plan (PIP)** or have used sick leave/personal leave in excess of **7 days** (from the beginning of the school year until January 31, 2019); my request for temporary leave will be denied by the Office of the Superintendent.

Initial: \_\_\_\_\_

**I certify that I have read and understand the stated guidelines.** Please place my name in nomination for delegate to the VEA Convention.

PLEASE PRINT: \_\_\_\_\_  
First Name Initial Last Name

Worksite: \_\_\_\_\_ ID Badge Number: \_\_\_\_\_

Last 4 Digits Social Security No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I require dietary accommodations (please specify type needed):**

\_\_\_\_\_

**RETURN TO PWEA OFFICE BY Wednesday, November 7, 4:30 PM**