**Instructor Agreement for DRE/ARIDE Training Class**

Governor’s Traffic Safety Committee Funded Grants

**Stipulations for Instructor Compensation**

* may not request stipend if the job is funded in whole or in part by own agency.
* may not request a stipend if assigned to be at the training and is being paid to attend.
* all classes must be approved by the Governor’s Traffic Safety Committee DRE Coordinator.
* all course expenses must have prior approval (submit the Expense Approval Form for DRE/ARIDE Training Classes to the NYS DRE coordinator).

**Lead Instructor**

* up to $450 compensation per day for instruction, plus travel expenses.
* submit the Expense Approval for DRE/ARIDE Training Class form to the NYS DRE coordinator.
* assist with the coordination and preparation of the class.
* have necessary training equipment and supplies as defined in planning and logistics guide.
* make instructor assignments and class schedule.
* assure class registration.
* be familiar with all class paperwork and reporting requirements.
* be present at all classroom lectures, and all hands-on and testing activities.
* must submit sign-in sheets to NYS DRE Coordinator.
* lead instructor or course manager must verify and sign all instructor forms stating the instructor followed the roles and responsibilities as written in this agreement and has asked all instructors to confirm that they are not receiving income from another source to instruct this class.

**Full-time Instructors**

* up to $450 compensation per day for instruction, plus travel expenses.
* must attend all classroom lectures, and all hands-on and testing activities.
* must have teaching assignments.
* must assist with sign-off on all applicable paperwork.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Today’s Date |       | Safe Kids Course ID |       | # of Students |       |
|  |
| Name |  **Instructor Agreement for DRE/ARIDE Training Course Reimbursement Form**Each instructor **must electronically fill in this form,** print, sign and submit **2 copies of it with the original & 1 copy of all required backup documentation** to the lead instructor or DRE Coordinator for reimbursement. |
|  |
| Address |  |
|  |
| City |  | State | NY | Zip |  |
|  |
| Phone |  | Email |  |
|  |
| Course Dates and Times |  |
| Course location |  |

|  |  |  |
| --- | --- | --- |
| **Reimbursement Summary\*** | **Amount Requested** | **Amount Paid (to be filled in by DRE Coord.)** |
| Teaching Compensation\*\* (use table below) | $ | $ |
| Mileage Reimbursement\*\*\* (use table below) |  |  |
| Hotel |       |  |
| Food |       |  |
| Tolls |       |  |
| Other |       |  |
| Rental Car (cannot request mileage) |       |  |
| Gas (cannot request mileage) |       |  |
| **Reimbursement TOTAL** | $ | $ |

\*Please attach a copy of a W-9 if you are requesting teaching compensation.

Go to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to fill in the form electronically, print page 1, sign and submit with your paperwork.

|  |  |  |
| --- | --- | --- |
| ***\*\*Teaching Compensation*** | **Amount Requested** | **Amount Paid (to be filled in by DRE Coord)** |
| Lead Instructor – $500 x # class days  |  |  |
| Full-time Instructor – $500 x # class days | $ | $ |
| **Teaching Compensation TOTAL** | $ | $ |

Instructors may request reimbursement for travel if your destination is more than 35 miles from your home or normal work location. If you are staying overnight, you may not request mileage from your hotel to the course location.

***\*\*\*Mileage Reimbursement Calculator***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  **From** | **To** | **Total Miles Traveled Per Day** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Mileage documentation: MapQuest or Google map with locations and directions, do not include the printed map. | **Total Miles** |  |
| **X State Mileage Rate** | 0.575 |
| **Mileage Reimbursement TOTAL**  |  |

I have followed all the criteria for the Instructor Agreement for DRE/ARIDE Training Course and I am not receiving any other monetary compensation, from any other source to instruct in this course.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

The above named instructor followed all the criteria for the Instructor Agreement for DRE/ARIDE Training Course and I confirmed that he/she is not receiving income from any other source to instruct in this course.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Lead Instructor or DRE Coordinator Signature |  |  Date |

**Checklist & Cover Page for DRE/ARIDE Training Course Reimbursement**

**To be filled in electronically by the lead instructor or course administrator.**

All reimbursement claims from instructors and caterers for the class must be submitted to the grant All

All reimbursement claims from instructors for the class must be submitted to the DRE Coordinator together in one mailing package.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Today’s Date |  | Course Location |   | # of Students |  |
|  |
| Name |  |
|  |
| Address |  |
|  |
| City |  | State | NY | Zip |  |
|  |
| Phone |  | Email |  |
|  |
| Course Dates and Times |  |

**To expedite the reimbursement process:**

* submit the original and 1 copy of everything.
* receipts and forms must be dated.
* receipts on small pieces of paper should be taped or stapled to an 8 ½ x 11” sheet of paper –

 more than one receipt can be put on a sheet.

* do not combine items for the training with other items on the same receipt.
* all receipts should include the payee name, address, and phone number.
* all expenditures for the course MUST be submitted at the same time.

|  |
| --- |
| **Course Reimbursement Summary** |
|  |
| **Instructor Name** | **Total Reimbursement Amount** |
|  | $  |
|  | $  |
|       | $       |
|       | $       |
|       | $       |
|       | $       |
|       | $       |

**Mail the original and 1 copy of the following for reimbursement, in one request:**

* Instructor Agreement for DRE/ARIDE Training Course form for **each instructor**.
* mileage documentation (MapQuest or Google map), do not include printed map, just the directions.
* original receipts for all requested INSTRUCTOR expense reimbursements (hotel, tolls, food, rental car, gas and/or other related expenses).
* copy of **final** class roster.

**To: Governor’s Traffic Safety Committee**

 **6 Empire State Plaza, Room 410B**

 **Albany, NY 12228**

 **ATTN: Renee Borden**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Lead Instructor or DRE Coordinator Signature |  |  Date |

**State Required Paperwork for DRE/ARIDE Training Course**

***To be filled in by the lead instructor or DRE Coordinator.***

SUBMIT to the DRE Coordinator:

* **at least 2 weeks prior to the class:**
	+ expense approval form.
	+ course roster.
	+ Instructor teaching assignments.
* **after the class:**
	+ the final course roster.
	+ Instructor agreement for DRE/ARIDE Training Course Reimbursement Form.
	+ Checklist and cover page for DRE/ARIDE Training Course Reimbursement.

**To:** Renee Borden via email at Renee.Borden@dmv.ny.gov

**or** via United States Postal Service:

**GTSC**

**6 Empire State Plaza**

**Room 410 B**

**Albany, NY 12228**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Today’s Date |  | Course Location |  | # of Students |  |
|  |
| Name |  |
|  |
| Phone |  | Email |  |
|  |
| Course Dates and Times |  |
|  |  |  |
|  | Lead Instructor or DRE Coordinator Signature |  |  Date |