

- ☒ Student Learning and Achievement
- ☒ Health and Safety of Students and Schools
- ☐ Credibility and Communication
- ☐ Fiscal Solvency, Accountability and Integrity

- ☒ Consent
- ☐ Action/Discussion
- ☒ Information/Discussion
- ☐ Public Hearing

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**SUBJECT:** WALK ON-Out of County or Overnight Activities

**DATE:** January 9, 2025

**PERSON(S) RESPONSIBLE:** Greg O'Meara, Pacific Grove High School Principal

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**RECOMMENDATION:**

The District Administration recommends the Board review and approve the Out of County/Overnight request(s).

**BACKGROUND:**

These are annual tournaments for the PGHS Wrestling teams. Board Policy 6153 requires prior approval of all school sponsored trips. Out of County/State or overnight trips require Board approval. Other trips may be approved by the Superintendent or designee.

**INFORMATION:**

The attached list identifies overnight/Out of County trip(s) being proposed by school sites at this time.

**FISCAL IMPACT:**

The request has an identified cost and associated source of funds. These activities expose the District to increased liability with a resulting potential for financial impact.

# PACIFIC GROVE UNIFIED SCHOOL DISTRICT

## PGHS REQUEST FOR OFF CAMPUS ACTIVITY

Board Approval is required for all out-of-county, out-of-state, or overnight activities. The request must be approved by the Board prior to the event, therefore the request must be submitted **AT LEAST FOUR (4) WEEKS PRIOR TO THE EVENT**. For ALL other activities, submit a request two weeks in advance of activity.

**Date of Activity:** 1-11-2025 **Day of Activity:** 1-11-2025

**Activity Name/ Location:** Albany Wrestling Tournament **Address:** 603 Key Route

**City:** Albany **County:** Alameda

**School:** Pacific Grove High School **Teacher/ Class or Club:** Soekardi - Wrestling Team **Grade:** 9-12

**School Departure Time:** 4:00 p.m. **Pickup Time from Place of Activity:** 6:00 p.m.

**Name(s) of Employee(s) Accompanying Students:** Brandon Rosa

**Number of Adults:** 2 **Number of Students:** 8  
(Total Chaperones)

**Description of Activity/ Educational Objective:** Wrestling Tournament

**List All Stops:** Albany HS

I understand that per Board Policy 6153, I am responsible for sending and having returned prior to departure written permission from parents for this trip. IS BR (Teacher/Coach/Advisors Initials)

**Means of Transportation:** District Van  
(Board Regulation 3541.1 requirements will be complied with when using private autos: IS BR (Teacher/ Coach/Advisors Initials))

**Name(s) of Auto Drivers (subject to change):** \_\_\_\_\_  
( ) **Form-OCA-1** Release of Driver Record Information is on file with the District \_\_\_\_\_  
( ) **Form-OCA-2** Personal Automobile Information is on file with the District \_\_\_\_\_  
(x) **Fingerprint** clearance is on file with the District on file \_\_\_\_\_

**Requested By:** Iskandar Soekardi Brandon Rosa **Date:** 01/06/2025  
*Employee Signature (accompanying students)* *(Printed Name)*

**Administrative Approval/Principal:** Greg O'Meara **Date:** 01/09/2025

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**Substitute Required:** No **# of Days** \_\_\_\_\_ **Account Code (for sub):** \_\_\_\_\_

**Cost of Activity:** \$ 600 + **Cost of Transportation:** \$ \_\_\_\_\_ + **Cost of Substitute:** \$ \_\_\_\_\_ = **Total Cost (Est):** \$ \_\_\_\_\_

**Funds to be charged for all activity expenses:** ( ) Students (x) Club ( ) PG Pride ( ) Other \_\_\_\_\_

**Account Code:** Wells Fargo Athletic Department Fund - Wrestling Account #409

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### TRANSPORTATION DEPARTMENT/ DISTRICT OFFICE USE

**Date Received:** \_\_\_\_\_ **Transportation Available:** \_\_\_\_\_

**Transportation Type:** ( ) School Bus ( ) Charter

**Approved by Transportation Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by Assistant Superintendent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Approval:** \_\_\_\_\_ **Date of Board Approval:** \_\_\_\_\_

## ANTICIPATED EXPENSES WORKSHEET

1. **Meals Reimbursement**— Actual and Necessary: **Original receipts must be attached.**  
All meal expenses, including tips up to 15%, cannot exceed the per diem rate as shown in the chart below.  
First and last days are reimbursed at 75% of the **meal** rate as shown in the chart below.  
Out of state meal expenses will be reimbursed at the PGUSD rate as shown in the chart below.

[illegible]

2. **Lodging** – Receipts must be attached for reimbursement

1	days at \$ <sup>600</sup>	per day	Total	\$ 600.00
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3. **Travel \*** Evidence of mileage shall be attached (i.e. Mapquest or Google maps printout reflecting mileage from the employee's school site to the event venue, not from the employee's residence)  
In all reimbursement for travel, the maximum amount allowed shall be equal to the cost of travel by ordinary air fare.  
PGUSD BP#4033, PGUSD Reg#4033, PGUSD BP#3350, PGUSD Reg#3350. Ed Codes 44032 and 44033

___ Airplane*		\$	_____
___ Car*	_____ miles @ \$ .655 per mile	\$	_____
___ Other*		\$	_____

***NOTE: The following items are EXCLUDED from authorized expenses and must not be included in this claim: Alcoholic beverages, personal services, Internet connections for personal use, entertainment, gifts, mileage cost in excess of coach air fare, expenses for non-employees.***

### Chart for Calculating Per Diem Rates

	Inyo	Imperial, Stanislaus, Yolo	Madera, Marin, Santa Clara	Alameda, Fresno, Sacramento, San Mateo, Sonoma	Napa, San Luis, Santa Barbara, Santa Cruz	Los Angeles, Monterey, Orange, Riverside, San Diego, San Francisco, Ventura
PGUSD Rate	\$59.00	\$59.00	\$69.00	\$64.00	\$69.00	\$69.00
Breakfast daily	15.00	15.00	17.00	16.00	17.00	17.00
Breakfast 75%	12.00	12.00	12.75	12.00	12.75	12.75
Lunch daily	16.00	16.00	18.00	17.00	18.00	18.00
Lunch 75%	12.00	12.00	13.50	12.75	13.50	13.50
Dinner daily	28.00	28.00	34.00	31.00	34.00	34.00
Dinner 75%	21.00	21.00	25.50	23.25	25.50	25.50
First/Last Days daily total 75%	\$44.25	\$44.25	\$51.75	\$48.00	\$51.75	\$51.75

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**Date of Activity:** 1-8-2025 **Day of Activity:** 1-8-2025

**Activity Name/ Location:** Wildcat Tournament **Address:** 20 High School

**City:** Los Gatos **County:** Santa Clara

**School:** Pacific Grove High School **Teacher/ Class or Club:** Soekardi - Wrestling Team **Grade:** 9-10

**School Departure Time:** 6 a.m. **Pickup Time from Place of Activity:** 5 p.m.

**Name(s) of Employee(s) Accompanying Students:** Iskandar Soekardi

**Number of Adults:** 1 **Number of Students:** 4  
(Total Chaperones)

**Description of Activity/ Educational Objective:** Wrestling Tournament

**List All Stops:** Los Gatos HS

I understand that per Board Policy 6153, I am responsible for sending and having returned prior to departure written permission from parents for this trip. IS (Teacher/Coach/Advisors Initials)

**Means of Transportation:** District Van  
(Board Regulation 3541.1 requirements will be complied with when using private autos: IS (Teacher/ Coach/Advisors Initials)  
Iskandar Soekardi

**Name(s) of Auto Drivers (subject to change):** \_\_\_\_\_  
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**Requested By:** Iskandar Soekardi Iskandar Soekardi **Date:** 01/06/2025  
*Employee Signature (accompanying students)* *(Printed Name)*

**Administrative Approval/Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*  
**Substitute Required:** \_\_\_\_\_ **# of Days** \_\_\_\_\_ **Account Code (for sub):** \_\_\_\_\_

**Cost of Activity:** \$ 0 + **Cost of Transportation:** \$ \_\_\_\_\_ + **Cost of Substitute:** \$ \_\_\_\_\_ = **Total Cost (Est):** \$ \_\_\_\_\_

**Funds to be charged for all activity expenses:** ( ) Students (x) Club ( ) PG Pride ( ) Other \_\_\_\_\_

**Account Code:** \_\_\_\_\_

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Date	Breakfast	Lunch	Dinner	Total

2. **Lodging** — Receipts must be attached for reimbursement

\_\_\_\_\_ days at \$ \_\_\_\_\_ per day                      Total                      \$ \_\_\_\_\_

3. **Travel** \* Evidence of mileage shall be attached (i.e. Mapquest or Google maps printout reflecting mileage from the employee's school site to the event venue, not from the employee's residence)  
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\_\_\_ Airplane\*    \$ \_\_\_\_\_  
 \_\_\_ Car\*                      \_\_\_\_\_ miles @ \$ .655 per mile                      \$ \_\_\_\_\_  
 \_\_\_ Other\*    \$ \_\_\_\_\_

***NOTE: The following items are EXCLUDED from authorized expenses and must not be included in this claim: Alcoholic beverages, personal services, Internet connections for personal use, entertainment, gifts, mileage cost in excess of coach air fare, expenses for non-employees.***

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PGUSD Rate	\$59.00	\$59.00	\$69.00	\$64.00	\$69.00	\$69.00
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