Professional Meeting and/or Travel Request Form

Employee Name: Robert Schmitt Today's Date: 5/24/17
School/Work Location: Liv. Cent. High
Location of Conference/Workshop: Louisville Out of District ✓ Out of State
City, State Location of Conference/Workshop: Galt House (Requires Board Approval)
Conference/Workshop Date(s): 7/23-26, 2017 Departure Time: 5pm Return Time: 5pm
Conference/Workshop Name: KACTE Summer Conference
Rationale for Attendance:

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Rita Mosier Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? (Yes) No
Credit must be approved by the SBDM and/or Professional Development Coordinator
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes (No)
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes (No)
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? PLC

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO)	No. of Days	Method of Payment:
Registration Fee:	$ 150.		Method of Payment:
Use of Board Vehicle:		YES or (NO)	Method of Payment:
Use of Personal Vehicle:		(YES) or NO	Method of Payment:
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$ 150	How many nights 3	Method of Payment: Perkins / Split with Caldwell
Meals	$ —		Method of Payment:
Car Rental (amount per day)	$ —	How many days	Method of Payment:
Air Fair	$ —		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Robert J Schmitt Date 5/24/17

Signature of Principal/Supervisor Bobby Love Date 5-25-17

Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/201

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Mary Dunning

Today's Date: May 23, 2017

School/Work Location: Livingston County School District

Location of Conference/Workshop: Frankfort, KY Out of District

City, State Location of Conference/Workshop: Frankfort, KY

Out of State (Requires Board Approval)

Conference/Workshop Date(s): July 10 & 11, 2017

Departure Time: TBD Return Time: TBD

Conference/Workshop Name: Level I 21st CCLC

Rationale for Attendance: Keep up-to-date regarding any 21st CCLC information

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Tina Lawless Location/Position: North Livingston Ele./Site Coord.

Employee Name: Gina Gilley Location/Position: North Livingston Ele./Asst. Site Coord.

Employee Name: Malinda Jones Location/Position: Livingston County Middle/Site Coord.

Employee Name: Brandie Ledford Location/Position: Livingston Central High School/Site Coord.

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes No

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Train-the-trainer during advisory council meetings

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days

Registration Fee: $ Method of Payment: 21st CCLC Grant Funds

Use of Board Vehicle: YES or NO Method of Payment:

Use of Personal Vehicle: YES or NO Method of Payment: 21st CCLC Grant Funds

Mileage $ 200.00 No. of Miles 200 Method of Payment: 21st CCLC Grant Funds

Hotel/Lodging (amount per night) $ 1,050 How many nights 2 Method of Payment: 21st CCLC Grant Funds

Meals $ 525 Method of Payment: 21st CCLC Grant Funds

Car Rental (amount per day) $ How many days Method of Payment:

Air Fair $ Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Mary Dunning Date 5-23-17

Signature of Principal/Supervisor Date

Signature of Superintendent/Designee (If Necessary) Date 5/23/17

Review/Revised:7/11/2016

PERSONNEL

Professional Meeting and/or Travel Request Form

Today's Date: 5/23/17

Employee Name: Rita Hosick
School/Work Location: LCHS
Location of Conference/Workshop: CTE Conference Out of District Out of State
City, State Location of Conference/Workshop: Galt House Hotel: Louisville, KY (Requires Board Approval)
Conference/Workshop Date(s): July 23-26 Departure Time: Return Time:
Conference/Workshop Name:
Rationale for Attendance: CTE Conference & ServSafe Training
This is a Must for any CTE teacher. This is where I find out all information pertaining to my career area.

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? (Yes) No
Credit must be approved by the SBDM and/or Professional Development Coordinator
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes No
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed: YES or (NO) No. of Days
Registration Fee: $ 360 Method of Payment: Perkins
Use of Board Vehicle: YES or NO Method of Payment:
Use of Personal Vehicle: YES or NO Method of Payment:
Mileage $ No. of Miles
Hotel/Lodging (amount per night) $ 156 How many nights 4 Method of Payment:
Meals $ Method of Payment:
Car Rental (amount per day) $ How many days Method of Payment:
Air Fair $ Method of Payment:

ADDITIONAL INSTRUCTIONS:
* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Rita Hosick Date 5/23/17
Signature of Principal/Supervisor Date 5/23/17
Signature of Superintendent/Designee (If Necessary) Date 5/23/17

Review/Revised:7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Tammy Sayle

Today's Date:

School/Work Location: Central Office

Location of Conference/Workshop: (Out of District) Out of State (Requires Board Approval)

City, State Location of Conference/Workshop: Louisville, Ky

Conference/Workshop Date(s): 6/28/17 - 6/30/17 Departure Time: Return Time:

Conference/Workshop Name: Ready Kids Conference - Early Childhood Institute

Rationale for Attendance: Coordinate Preschool Program + Daycare effectively; Partner for CECE

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Jennifer Burrett Location/Position: Preschool Teacher - South

Employee Name: Maria Masterson Location/Position: Daycare Director - South

Employee Name: Location/Position:

Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? (Yes) No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? (Yes) (No)

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Staff meetings, modeling, sharing training documents

ESTIMATED EXPENSES:

Substitute Needed: YES or (NO) No. of Days Method of Payment: Partnership Grant

Registration Fee: $ 150.00 Method of Payment:

Use of Board Vehicle: (YES) or NO Method of Payment:

Use of Personal Vehicle: YES or NO Method of Payment:

Mileage $ Louisville + Return No. of Miles

Hotel/Lodging (amount per night) $ 102 How many nights 2 x 2 Method of Payment:

Meals $ 100/person Method of Payment:

Car Rental (amount per day) $ How many days Method of Payment:

Air Fair $ Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Tammy Sayle Date 5-19-17

Signature of Principal/Supervisor Pam Garrett Date 5-19-17

Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Maria Masterson
School/Work Location: SouthCARES/NorthCARES
Today's Date: 4/27/17

Location of Conference/Workshop: Out of District / Out of State (Requires Board Approval)
City, State Location of Conference/Workshop: Lexington, Ky.
Conference/Workshop Date(s): 4/29/17
Departure Time: 4/28 2PM Return Time: 4/29 9 PM
Conference/Workshop Name: Kids Matter Spring Institute
Rationale for Attendance: Daycare - Preschool Partnership - free training to improve Ky All Stars Quality Rating.

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) None

Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? (Yes) - ECE-TRIS / No
Credit must be approved by the SBDM and/or Professional Development Coordinator
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes / (No)
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes / (No)
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Preschool Partnership - staff meetings, modeling in rooms

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO) No. of Days		Method of Payment:
Registration Fee:	$		Method of Payment:
Use of Board Vehicle:	YES or (NO)		Method of Payment:
Use of Personal Vehicle:	YES or (NO) riding with Daycare friend - non-district		Method of Payment:
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night) ~	$170	How many nights 1	Method of Payment: Preschool Partnership Grant - travel - 2/3 South 1/3 North
Meals	$ 25		Method of Payment:
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Maria D Masterson Date 4-27-17
Signature of Principal/Supervisor Tammy Sayle, Preschool Coordinator Date 4-27-17
Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 5/5/17

Employee Name: Jammy Sayle
School/Work Location: Central Office
Location of Conference/Workshop: Out of District / Out of State
City, State Location of Conference/Workshop: Louisville, Ky
(Requires Board Approval)
Conference/Workshop Date(s): 6/27/17 + 9/22/17 3 12hrs/17 -
Departure Time: Return Time:
Conference/Workshop Name: Ky Superstars Leadership Academy Regional
Rationale for Attendance: Leadership in EC Programs

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Jennifer Burnett — Location/Position: Pre-K Teacher - South
Employee Name: Melissa Day — Location/Position: Pre-K Teacher - South
Employee Name: Becky Dunning — Location/Position: Principal - South
Employee Name: Maria Masterson — Location/Position: Daycare Director - South/North

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes / No
Credit must be approved by the SBDM and/or Professional Development Coordinator
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes / No
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes / No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
monthly staff meetings; in classrooms

ESTIMATED EXPENSES:

			Method of Payment:
Substitute Needed:	YES or NO	No. of Days	
Registration Fee:	$ None		Method of Payment:
Use of Board Vehicle:	YES or NO		Method of Payment: Reimbursed by KDE
Use of Personal Vehicle:	YES or NO		Method of Payment:
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$ Ø	How many nights	Method of Payment:
Meals	$		Method of Payment:
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Jammy Sayle — Date 5/8/17
Signature of Principal/Supervisor Sam Garrett — Date 5/8/17
Signature of Superintendent/Designee (If Necessary) — Date

Employee Name: Mallory Dukes — Location/Position: Pre-K TA
Employee Name: Meagan Baxter — Location/Position: Pre-K Teacher: South
Employee Name: Dee Wright — Location/Position: Pre-K Teacher: North
Employee Name: LeighAnn Kinnas — Location/Position: Pre-K Teacher: North

Review/Revised:7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Pamela Garrett

Today's Date: 5/15/2017

School/Work Location: BOE

Location of Conference/Workshop: Lexington

Out of District Yes

Out of State No

(Requires Board Approval)

City, State Location of Conference/Workshop:

Conference/Workshop Date(s): 6-5-2017

Departure Time:

Return Time:

Conference/Workshop Name: Meeting with T. Combs

Rationale for Attendance: Review due process information

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Location/Position:

Employee Name: Location/Position:

Employee Name: Location/Position:

Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes (No)

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes (No)

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes (No)

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed: YES or (NO) No. of Days — Method of Payment:

Registration Fee: $ — Method of Payment:

Use of Board Vehicle: YES or (NO) — Method of Payment:

Use of Personal Vehicle: (YES) or NO — Method of Payment:

Mileage $ 0 No. of Miles

Hotel/Lodging (amount per night) $ 0 How many nights TBD — Method of Payment:

Meals $ Standard — Method of Payment:

Car Rental (amount per day) $ 0 How many days — Method of Payment:

Air Fair $ 0 — Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Pam Garrett Date 5/15/17

Signature of Principal/Supervisor Date

Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/2016

PERSONNEL 03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Sue Campbell Today's Date: 5/15/17

School/Work Location: Bus Garage Galt House

Location of Conference/Workshop: Louisville, Ky Out of District Yes Out of State No

City, State Location of Conference/Workshop: Louisville, Ky (Requires Board Approval)

Conference/Workshop Date(s): June 25-28, 2017 Departure Time: 7:00 am Return Time: 5:00 pm

Conference/Workshop Name: Transportation/STAK Conference

Rationale for Attendance: Driver Trainer Update

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Tammy Doom Location/Position: Driver Trainer

Employee Name: Location/Position:

Employee Name: Location/Position:

Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes (No)

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes (No)

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes (No)

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Driver Update

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO)	No. of Days	Method of Payment:
Registration Fee:	$ 410.00		Method of Payment:
Use of Board Vehicle:	(YES) or NO		Method of Payment:
Use of Personal Vehicle:	YES or (NO)		Method of Payment:
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$	How many nights	Method of Payment:
Meals	$		Method of Payment:
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Sue Campbell Date 5/15/17

Signature of Principal/Supervisor _____ Date _____

Signature of Superintendent/Designee (If Necessary) VRC Date _____

Review/Revised:7/11/2016

2

Professional Meeting and/or Travel Request Form

Today's Date: 5/19/17

Employee Name: Victor Zimmerman

School/Work Location: Board Office

Location of Conference/Workshop: WKEC (Out of District) Out of State

City, State Location of Conference/Workshop: Eddyville, Paducah (Attached) (Requires Board Approval)

Conference/Workshop Date(s): July 10 or 31, 8/23, 9/26 27 or 9/19 20, 10/25, 11/15, 12/13 Departure Time: Return Time:

Conference/Workshop Name: WKEC Board of Directors

Rationale for Attendance: I am on the Board of Director for WKEC

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Location/Position:

Employee Name: Location/Position:

Employee Name: Location/Position:

Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes No

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed:		YES or NO	No. of Days	Method of Payment:
Registration Fee:	$			Method of Payment:
Use of Board Vehicle:		YES or NO		Method of Payment:
Use of Personal Vehicle:		YES or NO		Method of Payment:
Mileage	$		No. of Miles	
Hotel/Lodging (amount per night)	$	How many nights		Method of Payment:
Meals	$			Method of Payment:
Car Rental (amount per day)	$	How many days		Method of Payment:
Air Fair	$			Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant _____ Date _____

Signature of Principal/Supervisor _____ Date _____

Signature of Superintendent/Designee (If Necessary) Victor Zimmerman Date 5/19/17

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Melvin Houk Today's Date: 5/25/17
School/Work Location: Central Office
Location of Conference/Workshop: Out of District ✓ Out of State
City, State Location of Conference/Workshop: Bowling Green, KY (Requires Board Approval)
Conference/Workshop Date(s): June 9, 2017 Departure Time: 6-8-17 Return Time: 6-9-17
Conference/Workshop Name: KDE Financial Workshop for District Finance Officers/Auditors
Rationale for Attendance: KDE Updates, FILA Credit, Finance Officer (FO) Credit, Professional Growth Plan

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Location/Position:
Employee Name: Location/Position:
Employee Name: N/A Location/Position:
Employee Name: Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes No
Credit must be approved by the SBDM and/or Professional Development Coordinator
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? (+FO Credit) (Yes) No
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes (No)
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed: YES or (NO) No. of Days Method of Payment:
Registration Fee: $0 Method of Payment:
Use of Board Vehicle: YES or (NO) Method of Payment:
Use of Personal Vehicle: (YES) or NO Method of Payment:
Mileage $64.00 No. of Miles 160
Hotel/Lodging (amount per night) $100.00 How many nights 1 Method of Payment:
Meals $ 55.00 Method of Payment:
Car Rental (amount per day) $ NA How many days Method of Payment:
Air Fair $ NA Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Melvin L. Houk Date 5/25/17
Signature of Principal/Supervisor Date
Signature of Superintendent/Designee (If Necessary) JR Date 5/25/17

Review/Revised:7/11/2016