	Date		Signature of Superintendent/Designee (If Necessary)
16-17	Date 6-1	TO THE PERSON OF	Signature of Principal/Supervisor <b>Beck</b> Municip
0-16-17	Date 6		Signature of Applicant Kicky Wilming
	charge.	place of business making the	ADDITIONAL INSTRUCTIONS:  * Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Method of Payment: Method of Payment:	Car Rental (amount per day) \$ O How many days Air Fair \$ O
		Method of Payment: Method of Payment:	Hotel/Lodging (amount per night) $\$$ $O$ How many nights  Meals $\$$ $O$
		Method of Payment: Method of Payment:	Use of Board Vehicle:  Use of Personal Vehicle:  Mileage \$ O  No. of Miles
		Method of Payment: Method of Payment:	\$ O YES O NO
	chings	during PLCs and/or faculty meetings	D WITH COLLEAGUES?
	NO SE	Yes	
	N <sub>o</sub>	Yes	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?  Credit must be approved by the SBDM and/or Professional Development Coordinator
		Location/Position: Location/Position:	Employee Name:  Employee Name:
		Location/Position: Location/Position:	Employee Name:
research.	alignment to brain research.		Rationale for Attendance: To learn additional teaching strategies with
Return Time: 4:30 PM	Return Time:	(Requires Board Approval) Departure Time: 74M	
		Out of State	MSU Curris Center Murray, Ky.
16-17	Today's Date: 6 - 16 - 17	FOLIM	Employee Name: Becky Dunning
		Daniat Dan	Drofessional Macting and/or Trave

7/11/2016	Review/Reviewd-7/11/2016		
			Signature of Superintendens/Designee (If Necessary)
17	Date 6-22-17	After Alle over the second	Signature of Principal/Supervisor Rucky Munning
Š `	Date On 40.40.1		Signature of Applicant Den XW acho
	erge.	m the place of business making the ch	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Method of Payment:	ADDITIONAL INSTRUCTIONS.  AIR Fair S VOVE
		Method of Payment:	
		Method of Payment:	Hotel/Lodging (amount per night) YVO S How many nights  Morels SOVOVIAPA
		Method of Payment: Method of Payment:	Use of Board Vehicle:  Use of Personal Vehicle:  WESON NO  Mileage \$ 100 Ye who wish No. of Miles
		Method of Payment: Method of Payment: S 5 D.A.	YES or (ST)
·	Lauren metrop		ESTIMATED EXPENSES.
	8	Yes	HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Through Consult
	<b>(8)</b>	: Yes	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDITY WILL YOU BE PARTICIPATING AS A CONSULTANT!
	Z	(a)	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDITY  Credit must be approved by the SBDM and/or Professional Development Coordinator
		Location/Position:	Employee Name:
	-S/ LCMS	Location/Position: NL ES/ LCAS Location/Position:	Employee Name:
		n and position)	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
	1.5	( %. y)	Rationale for Attendance: En honoring structural engagement
	Return Time: %pm		Conference/Workshop Name: KET PALLY WALL TO
		Out of State NO (Requires Board Approval)	City, State Location of Conference/Workshop: Levington, Ky
	Carr	iouly s	School/Work Location:
	6-20-17	ravel Request Form	Employee Name: Teri Walker Professional Meeting and/or Travel Request Form
***************************************	1 ,		

Location of Conference/Workshop: //uka 1967 Out of District Out of District Out of State  City, State Location of Conference/Workshop: TBA (Requires Board Approval) because of distance  Conference/Workshop Date(s): July 19, 20, 21, Aug. 24, 25, Sept. 28, 29, Departure Time: 1 pm. Return Time: 8 PM of last day  Conference/Workshop Name: 1 pm. Return Time: 8 PM of last day	Employee Name: Kriske Stanfield Professional Meeting and/or Travel Request Form  School/Work Location: SCES Medican  Today's Date: 6-7-17	
day		

Conference/Workshop Name: Oct. 25, 26, 27, 2017

Rationale for Attendance: KMIT Training to math interventions through MAF grant.

10-days of intensive math training for math interventions through MAF grant.

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

Credit must be approved by the SBDM and/or Protessional Development Consumment.

Yes ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Through PLCs and faculty meetings ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Employee Name: Employee Name: Employee Name: Employee Name: Yes for July dates Location/Position: Location/Position: Location/Position:

		DDITIONAL INSTRUCTIONS:
Method of Payment:	0	Air Fair \$ O
Method of Payment:	\$ O How many days	Car Rental (amount per day) \$ O How many days
	Meals \$ 700 approximately	Meals
al Method of Payment: DD fands or SBDM Fu	\$ 900 How many nights 10 total	Hotel/Lodging (amount per night)
de	s approx.	Mileage
Method of Payment:	YES or NO	Use of Personal Vehicle:
Method of Payment: PD and/or SBDM trunds	YES or NO	Use of Board Vehicle:
Method of Payment: District turds		Registration Fee: \$ /600
No. of Days / days Method of Payment: PD and/or SEDM thinds	or NC	Substitute Needed:
	)	ESTIMATED EXPENSES:

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

Signature of Superintendent/Designee (If Necessary)\_ Signature of Principal/Supervisor\_ Signature of Applicant Krishe Becky Ammung Stanfield Date\_ Date\_ 6-7-17

Review/Revised:7/11/2016

	Date_	signature of Superintendent/Designee (If Necessary)
6-7-17	Date	Signature of Principal/Supervisor Rechts Dunning
6-7-17	Date	signature of Applicant Susan Helf
	charge.	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Air Fair \$ 0 How many days Method of Payment:  Air Fair \$ 0
		\$ O How many nights
bound-trip each time	round -	Mileage \$ No. of Miles apprx 136 miles
PD and/or SBDM funds	and/or	VES or NO  Wethod of Payment:  Method of Payment:
DD andfor SBDM funds	and/or	YES or NO No. of Days 7 7 Method of Payment:
	chings	mention of the million of the million of the mention of the mentio
		ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?  WILL YOU BE PARTICIPATING AS A CONSULTANT?  HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
No	dates	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?  Credit must be approved by the SBDM and/or Professional Development Coordinator
		Employee Name: Location/Position:  Employee Name: Location/Position:
1F grant	er Mx	10-days of Fraining in max strategies & requirement for MAF grant Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
Return Time: 4/9/10	Return	Conference/Workshop Name: Feb 26,27, March 23, 20/8
		City, State Location of Conference/Workshop:  Out of District  Out of District  (Requires Board Approval)
Ioday's Date: 6-/-/	's Date: (	
1 1	- ;	Professional Meeting and/or Travel Request Form

Review/Revised:7/11/2016

Date		signature of Superintendent/Designee (If Necessary)
Date 6-7-/7		signature of Principal/Supervisor Seekle Stanhing
Date (1-7-17		Signature of Applicant Cotrue Valy 192
e charge.	om the place of business making th	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge
	Method of Payment:	Air Fair \$ O
	Method of Payment:  Method of Payment:	Meals 3 C  Car Rental (amount per day) \$ C  How many days
		\$ O How many nights O
round-trip each time		\$
tunds or SBDM time.	Method of Payment: TD  Method of Payment:	Use of Personal Vehicle:  VES of NO  VES of NO
District funds	Method of Payment:	\$ /60.00
D and/or SRDM funds		
and/or faculty meetings		Daring FLC meetings
		WILL YOU BE PARTICIPATING AS A CONSULTANT?
	Yes	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
(No	Yes	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Credit must be approved by the SRDM and/or Professional Development Coordinator
<b>)</b>	Location/Position:	Employee Name:
	Location/Position:	Employee Name:
	Location/Position:	Employee Name:
•	on and position)	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
NUF grant	a requirement for	Rationale for Attendance: Comprehensive Course for Frimary  10-days of training in math strategies & requirement for MAF grant
7//		Conference/Workshop Name: Nov. 9, 10, Dec. 8, 2017
Return Time // D/A	(Requires Board Approval)  Departure Time: 7 / M	City, State Location of Conference/Workshop: TBA  Conference/Workshop Date(s): Aug. 16, 17, 18, Sect. 20, 21, Oct. 19, 20,
	Out of State	Location of Conference/Workshop: Christian 6. Out of District
Today's Date: $6 - 1 - 1$		School/Work Location: STO
1 1 11	Form	Employee Name: Orthey Vasque 7
		J., 6

		00.120 M1.21
Professional Meeting and/or Travel Request F	orn	
Employee Name: Decky Lunning		Today's Date: 6-7-17
school/Work Location: SLES lames E. Bruce		
shop: Jarnes Con Out of District	Out of State	
	(Requires Board Approval)	. `
	Departure Time: 74%	Return Time: 4:87%
	•	,

Other District Employees Attending Conference/Workshop (Please list name, School)
Employee Name: Kristic Stanfiele
Employee Name: Cortury Vasquez
Employee Name: Susan Holt ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Rationale for Attendance: Compined meeting/ Employee Name: rang/training to principal, MIT, and primary tintermediate realist name, school/work location and position) Yes for Bucky Dunning No Location/Position: SLES MIT
Location/Position: SLES Primary teacher
Location/Position: SLES InterRediate teacher Location/Position: (S)

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? through PLC and/or faculty meetings ADDITIONAL INSTRUCTIONS: Hotel/Lodging (amount per night) ESTIMATED EXPENSES Meals \$ O
Car Rental (amount per day) \$ O
Air Fair \$ O Use of Personal Vehicle: Use of Board Vehicle: Substitute Needed: Registration Fee: Mileage YESOr NO. Of Days / for each Method of Payment: PD funds or SBDM Funds

YESOr NO

Method of Payment: PD or SBDM funds

Method of Payment: PD or SBDM funds How many days How many nights Method of Payment:
No. of Miles 136 round-trip miles - approx. Method of Payment: Method of Payment: Method of Payment: Method of Payment: