

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Becky Dunning

Today's Date: 6-16-17

School/Work Location: SLES

Location of Conference/Workshop: MSU Curris Center Murray, Ky.

City, State Location of Conference/Workshop: _____

(Requires Board Approval)

Conference/Workshop Date(s): July 28, 2017

Departure Time: 7 AM

Return Time: 4:30 PM

Conference/Workshop Name: Teaching with the Brain in Mind - Eric Jensen

Rationale for Attendance: To learn additional teaching strategies with alignment to brain research.

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:

Yes

No

YES

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

No

YES

Yes

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

during PLCs and/or faculty meetings

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO

No. of Days

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 \$ 0

No. of Miles

Method of Payment:

Hotel/Lodging (amount per night)

\$ 0

How many nights

Method of Payment:

Meals \$ 0

\$ 0

How many days

Method of Payment:

Car Rental (amount per day) \$ 0

\$ 0

How many days

Method of Payment:

Air Fair \$ 0

\$ 0

How many days

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

Becky Dunning

Date

6-16-17

Signature of Principal/Supervisor

Becky Dunning

Date

6-16-17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Teri Walker
School/Work Location:

Today's Date: 6-20-17

Location of Conference/Workshop: KET MultiMedia
City, State Location of Conference/Workshop: Lexington, Ky

Conference/Workshop Date(s): July 19

Conference/Workshop Name: KET MultiMedia Day

Rationale for Attendance: Enhancing student engagement

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

Employee Name: Michelle Powell
Employee Name:
Employee Name:
Employee Name:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Through email and through PLCs teacher meeting
collaborative

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days
Registration Fee: \$ 50.00 YES or NO
Use of Board Vehicle: YES or NO
Use of Personal Vehicle: YES or NO
Mileage: \$ 110 reimbursement No. of Miles

Hotel/Lodging (amount per night) NO \$ How many nights
Meals \$ provided
Car Rental (amount per day) \$ How many days none
Air Fair \$ none

Method of Payment:
Method of Payment: SBDM
Method of Payment:
Method of Payment:
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: Teri Walker
Signature of Principal/Supervisor: Debbie Alvarado
Signature of Superintendent/District (If Necessary):

Date: June 20, 2017
Date: 6-22-17
Date:

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Susan Holt
School/Work Location: SLES

Today's Date: 6-7-17

Location of Conference/Workshop: Christian Co. Out of District

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): July 19, 20, 21, Sept. 18, 19, Nov. 16, 17, 2017

Departure Time: 7AM

Return Time: 4PM

Conference/Workshop Name:

Feb 26, 27, March 23, 2018

Comprehensive Course for Intermediate

10-days of training in math strategies & requirement for MAF grant

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

Yes

Yes

NO

NO

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
WILL YOU BE PARTICIPATING AS A CONSULTANT?
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

through PLC and faculty meetings

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO

No. of Days

7 total

Registration Fee:

\$ 1,600.00

YES or NO

YES or NO

Method of Payment:

PD and/or SBDM funds

Use of Board Vehicle:

YES or NO

YES or NO

Method of Payment:

PD and/or SBDM funds

Use of Personal Vehicle:

YES or NO

YES or NO

Method of Payment:

PD and/or SBDM funds

Mileage

\$

No. of Miles

approx 136 miles

Method of Payment:

round-trip each time

Hotel/Lodging (amount per night)

\$

0

How many nights

0

Method of Payment:

0

Meals

\$

0

How many days

0

Method of Payment:

0

Car Rental (amount per day)

\$

0

How many days

0

Method of Payment:

0

Air Fair

\$

0

How many days

0

Method of Payment:

0

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 Susan Holt

Date 6-7-17

Signature of Principal/Supervisor Becky Manning

Date 6-7-17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Cortney Vasquez
School/Work Location: SLEs

Today's Date: 6-7-17

Location of Conference/Workshop: Christian Co. Out of District

Out of State

City, State Location of Conference/Workshop: TBA

(Requires Board Approval)

Conference/Workshop Date(s): Aug. 16, 17, 18, Sept. 20, 21, Oct. 19, 20,

Departure Time: 7 AM

Return Time: 4 PM

Conference/Workshop Name: Nov. 9, 10, Dec. 8, 2017

Rationale for Attendance: Comprehensive Course for Primary

10-days of training in math strategies & requirement for MAT grant

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?

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

During PLC meetings and/or faculty meetings

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO 1600.00

No. of Days 10 total

Method of Payment:

Registration Fee:

YES or NO YES or NO

YES or NO

Method of Payment:

Use of Board Vehicle:

YES or NO YES or NO

YES or NO

Method of Payment:

Mileage

\$

No. of Miles apprx. 136 mile

Method of Payment:

Hotel/Lodging (amount per night)

\$

How many nights 0

Method of Payment:

Meals

\$

How many days 0

Method of Payment:

Car Rental (amount per day)

\$

How many days 0

Method of Payment:

Air Fair

\$

How many days 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

Cortney Vasquez

Date 6-7-17

Signature of Principal/Supervisor

Becky Manning

Date 6-7-17

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: 6-7-17

Employee Name: Becky Dunning

School/Work Location: SLES

Location of Conference/Workshop: James E. Bruce

City, State Location of Conference/Workshop: Conventions Center

Conference/Workshop Date(s): August 28, 2017

Conference/Workshop Name: AdMIT Southwest Ky

Rationale for Attendance: Combined meeting/training for principal, MIT, and primary & intermediate teacher - grant requirement

Other District Employees Attending Conference/Workshop: James E. Bruce

Employee Name: Kristie Stanfield

Employee Name: Cortney Vasquez

Employee Name: Susan Holt

Employee Name: Susan Holt

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

through PLC and/or faculty meetings

ESTIMATED EXPENSES:

Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage

Hotel/Lodging (amount per night)

Meals

Car Rental (amount per day)

Air Fair

☒ YES or NO

No. of Days 1 for each teacher

Method of Payment: PD funds or SBDM

☒ YES or NO

Method of Payment: PD or SBDM funds

YES or NO

Method of Payment:

No. of Miles 136 round-trip miles - approx.

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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

Becky Dunning

Date

6-7-17

Signature of Principal/Supervisor

Becky Dunning

Date

6-7-17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016