

PERSONNEL

03.125 AP.21

**Professional Meeting and/or Travel Request Form**

Today's Date:

7/7/17

Employee Name:  
School/Work Location:

Tammy Seale  
Central Office

Location of Conference/Workshop:

Out of District

Out of State

City, State Location of Conference/Workshop: Uniontown Center, Butler County, Ky.

Requires Board Approval

Return Time: 7/26/17 6:00 P.M.

Conference/Workshop Date(s): July 25-26, 2017

Conference/Workshop Name:

Aradon Head Start Training

Rationale for Attendance:

Pre-School Staff - implement Creative Curriculum to Fidelity, follow Head Start program standards.

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

Employee Name: Melissa Day, Jenna Fer Barnett, Megan Blacker Location/Position:

Employee Name: Teri McCall, Melany Dukes, Regina Ragsdale Location/Position:

Employee Name: Gina Tabors, Wendy Cleaveland Location/Position:

Employee Name: Debra Wright Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

Pre-K Teacher, South  
Pre-K Assistant, South  
Pre-K Assistant, North  
Pre-K Teacher, North

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?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Staff meetings; individual consultation.

**ESTIMATED EXPENSES:**

10 persons, total

Substitute Needed:

YES or NO

Method of Payment:

Registration Fee:

YES or NO

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

234 miles = \$ 800

Hotel/Lodging (amount per night)

\$ 189 + taxes

How many nights

1 night x 4 persons = \$ 400.00

Preschool Budget

Meals

\$ 40 x 10 persons = \$ 400.00

How many days

Method of Payment:

Preschool Budget

Car Rental (amount per day)

\$

How many days

Method of Payment:

Method of Payment:

Air Fair

\$

How many days

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

Tammy Seale

Date

7/7/2017

Signature of Principal/Supervisor

Tammy Seale

Date

7/7/2017

Signature of Superintendent/Designee (If Necessary)

Date

7/7/2017

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

**Professional Meeting and/or Travel Request Form**

Today's Date: 6-29-17

Employee Name: Julie Young  
 School/Work Location: ~~Civil Rights~~ Ky School for the Blind  
 Location of Conference/Workshop: Out of District  
 City, State Location of Conference/Workshop: Louisville, KY (KSOS)  
 Conference/Workshop Date(s): July 11-13, 2017  
 Conference/Workshop Name: Gateways  
 Rationale for Attendance: Personal Development for Teachers of the Visually Impaired  
 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?

**ESTIMATED EXPENSES:**

Substitute Needed:	YES or NO	No. of Days	Method of Payment:
Registration Fee:	\$ 105.25		Method of Payment: <u>BOE</u> <u>CE#</u> 5171
Use of Board Vehicle:		<u>YES</u> or NO	Method of Payment:
Use of Personal Vehicle:		YES or NO	Method of Payment:
Mileage	\$	No. of Miles	175 miles
Hotel/Lodging (amount per night)	\$ 87.00	How many nights	3
Meals	\$ per diem		Method of Payment: <u>BOE</u> <u>CE#</u> 5171
Car Rental (amount per day)	\$	How many days	Method of Payment: <u>BOE</u> <u>CE#</u> 5171
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: Julie Young Date: 6-29-17  
 Signature of Principal/Supervisor: Sam Houtt Date: 7-2-17  
 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: 6/11/17

Employee Name: Ann Garrett

School/Work Location:

Location of Conference/Workshop: MSU

Out of District No

City, State Location of Conference/Workshop:

Conference/Workshop Date(s): 6/13-14/17

Conference/Workshop Name:

Rationale for Attendance: PD

Out of State No  
(Requires Board Approval)  
Departure Time:

Return Time:

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

Employee Name:  
Employee Name:  
Employee Name:  
Employee Name:

Location/Position:  
Location/Position:  
Location/Position:  
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?

Yes No  
Yes No  
Yes No

**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: Ann Garrett Date: 6/11/17  
Signature of Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Superintendent/Designee (If Necessary): \_\_\_\_\_ Date: \_\_\_\_\_

Review/Revised: 7/1/2016



**Professional Meeting and/or Travel Request Form**Employee Name: Pam GarrettToday's Date: 6/11/17

School/Work Location:

Location of Conference/Workshop: MSUOut of District YesOut of State No

(Requires Board Approval)

City, State Location of Conference/Workshop:

Departure Time:

Return Time:

Conference/Workshop Date(s): 6/13-14/17

Conference/Workshop Name:

Rationale for Attendance: PD

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

☒ Yes

No

Yes

No

Yes

No

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?

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

No. of Days

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

Method of Payment:

Hotel/Lodging (amount per night)

How many nights

Method of Payment:

Meals \$

How many days

Method of Payment:

Car Rental (amount per day)

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: Pam GarrettDate: 6/11/17

Signature of Principal/Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Superintendent/Designee (If Necessary): \_\_\_\_\_

Date: \_\_\_\_\_

Review/Revised: 7/1/2016



**Professional Meeting and/or Travel Request Form**Today's Date: 6/11/17Employee Name: Lori Bull MaryHynesSchool/Work Location: NLES/LESLocation of Conference/Workshop: Christian Le Out of District Yes(Requires Board Approval)  
Out of State No

Return Time:

Departure Time:

City, State Location of Conference/Workshop:

Conference/Workshop Date(s): 6/13/16-2/1/17Conference/Workshop Name: PECS Training (Picture Exchange Comm)Rationale for Attendance: Increase Communication w/ nonverbal students

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

Employee Name: Mary Beth HynesEmployee Name: Lori Bull

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Employee Name:

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Employee Name:

**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

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

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**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: Lori Bull by Pam BarrettSignature of Principal/Supervisor: Pam Barrett

Signature of Superintendent/Designee (If Necessary):

Date: 6/11/17Date: 6/11/17Date: 6/11/17

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Employee Name: Steph K. Miller

**Professional Meeting and/or Travel Request Form**

Today's Date: 6/9/17

School/Work Location: Overseas Leadership Center

Location of Conference/Workshop: U.S. & Canada

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

Conference/Workshop Date(s): 7/17 - 7/21

Conference/Workshop Name: AP Institute for the Training

Rationale for Attendance: To be able to teach AP Courses (Kiger in the classroom)

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

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

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Employee Name: \_\_\_\_\_

**ESTIMATED EXPENSES:**

Substitute Needed: YES or NO

Registration Fee: \$ 650.00

Use of Board Vehicle: YES or NO

Use of Personal Vehicle: YES or NO

Mileage: \$ 480.00

Hotel/Lodging (amount per night) \$ \_\_\_\_\_

Meals \$ 150

Car Rental (amount per day) \$ \_\_\_\_\_

Air Fair \$ \_\_\_\_\_

**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: \_\_\_\_\_

Signature of Principal/Supervisor: \_\_\_\_\_

Signature of Superintendent/Designee (if Necessary): \_\_\_\_\_

Out of State No

(Requires Board Approval)

Departure Time: 7/16/17 - 6pm

Return Time: 7/21/17 8am

Location/Position: \_\_\_\_\_

Location/Position: \_\_\_\_\_

Location/Position: \_\_\_\_\_

Location/Position: \_\_\_\_\_

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Review/Revised: 7/11/2016

**Professional Meeting and/or Travel Request Form**

Today's Date: 7-3-17

Employee Name: Melvin HoukSchool/Work Location: Central Office

Location of Conference/Workshop:

Out of District ☒

Out of State

City, State Location of Conference/Workshop: Hopkinsville & Bowling Green

(Requires Board Approval)

Conference/Workshop Date(s):

July 10, 2017 KTRP - MadisonvilleDeparture Time: 7:00 PMReturn Time: 7:00 PM

Conference/Workshop Name:

July 11, 2017 KTRP/KETS - Bowling Green

Rationale for Attendance:

KTRP & Facilities per Supv request, P&P, KTLA, & FO Credits

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:

\$ N/A

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 223 (1.40)

Method of Payment:

Hotel/Lodging (amount per night)

\$ 100How many nights 1

Method of Payment:

Meals

\$ 70.00

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

Melvin HoukDate 7-3-17

Signature of Principal/Supervisor

[Signature]Date 7/7/17

Signature of Superintendent/Designee (If Necessary)

Date

\* Approval Dates:

KTRP 4/21/17FAEPAC 7/3/17

Review/Revised: 7/11/2016