

# PERSONNEL

03.125 AP.21

## Professional Meeting and/or Travel Request Form

Employee Name: Pamela Garrett  
School/Work Location: BOE

Today's  
Date: 7/10/2017

Location of Conference/Workshop: Out of District ☒ yes  
City, State Location of Conference/Workshop: Lexington, KY  
Conference/Workshop Date(s): 8/23-25/2017  
Conference/Workshop Name: Special Education

Out of State ☒ no  
(Requires Board Approval)  
Departure Time: 8/22/2017

Return Time: 8/25/2017

Legal Update  
Rationale for Attendance: Maintain update  
information regarding the  
law/compliance/implementation

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  
Yes X  
Yes No  
No  
No  
No

### ESTIMATED EXPENSES:

Substitute Needed: YES or NO  
Registration Fee: \$ 450.00  
Use of Board Vehicle: YES or NO  
Use of Personal Vehicle: YES or NO  
Mileage \$  
No. of Days

Method of Payment:  
Method of Payment:  
Method of Payment:  
Method of Payment:

Hotel/Lodging (amount per night) \$ 149.00  
Meals \$  
Car Rental (amount per day) \$  
Air Fair \$  
How many nights 3  
How many days  
No. of Miles

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

*Pamela Garrett*

Date

7/11/2017

Signature of Principal/Supervisor

Date

PERSONNEL

03.125 AP.21

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

Employee Name: Mary Dunning

Today's Date: July 18, 2017

School/Work Location: Livingston County Schools

Location of Conference/Workshop: Hopkinsville

City, State Location of Conference/Workshop: Out of District

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

Out of State  
(Requires Board Approval)

Conference/Workshop Name: Menu Clinic

Departure Time: 6 AM

Return Time: 6 PM

Rationale for Attendance: Food Service

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

Employee Name: Cecilia Tabor, Manager

Location/Position: SLES

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? Train-the-trainer

No  
No  
No

**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 \$ 70

No. of Miles 140

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

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date 7-18-17

Date

Date

Review/Revised: 7/11/2016

1.25

PERSONNEL

03.125 AP.21

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

Employee Name: Mary Dunning

Today's Date: July 18, 2017

School/Work Location: Livingston County Schools

Out of State  
(Requires Board Approval)

Location of Conference/Workshop: Eddyville

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

Conference/Workshop Date(s): Once monthly

Conference/Workshop Name: Food Service Co-op Meetings

Departure Time: TBD

Return Time: TBD

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:

No

No

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? Train-the-trainer

**ESTIMATED EXPENSES:**

Substitute Needed:

Registration Fee: \$

YES or NO No. of Days

Use of Board Vehicle:

Use of Personal Vehicle:

YES or NO  
YES or NO

Mileage \$ 30

No. of Miles 60

Method of Payment:

Method of Payment:

Method of Payment:

Hotel/Lodging (amount per night)

How many nights

Meals \$

Car Rental (amount per day) \$

How many days

Air Fair \$

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

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date 7-18-17

Date

Date

Review/Revised: 7/11/2016



PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Mary Dunning

Today's Date: July 18, 2017

School/Work Location: Livingston County Schools

Location of Conference/Workshop: Christian Co. Ex.

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

Conference/Workshop Date(s): Aug. 23-24, 2017

Conference/Workshop Name: Food Service Training Events

Rationale for Attendance: Food Service

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

Employee Name: Amy Ramage  
School/Work Location: Central Office

Today's Date: 7/24/17

Location of Conference/Workshop: Lexington, KY Out of District ☒  
City, State Location of Conference/Workshop: Lexington, KY  
Conference/Workshop Date(s): 9/13-9/15 (Requires Board Approval)  
Conference/Workshop Name: Kentucky Directors of Pupil Personnel - Breaking Barriers  
Rationale for Attendance: Gather resources to use in my position

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

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  
☒ Yes ☐ No

Please time Will share any pertinent info during

**ESTIMATED EXPENSES:**

Substitute Needed:	YES or <input checked="" type="radio"/> NO	No. of Days	Method of Payment:
Registration Fee:	\$ <u>245</u>		<del>Credit Card</del> <u>PO 2016-36</u>
Use of Board Vehicle:	YES or <input checked="" type="radio"/> NO		Method of Payment:
Use of Personal Vehicle:	<input checked="" type="radio"/> YES or NO		Method of Payment:
Mileage	\$ <u>196.80</u>	No. of Miles <u>492</u>	Method of Payment:
Hotel/Lodging (amount per night)	\$ <u>145.95</u>	How many nights <u>2</u>	Method of Payment: <u>Credit Card</u>
Meals	\$ <u>20.00</u>		Method of Payment: <u>Credit Card</u>
Car Rental (amount per day)	\$ <u>40.00</u>	How many days	Method of Payment:
Air Fair	\$ <u>N/A</u>		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: Amy Ramage Date: 7/24/17  
Signature of Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Superintendent/Designee (If Necessary): \_\_\_\_\_ Date: \_\_\_\_\_

Review/Revised: 7/11/2016

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Employee Name:  Pamela Barrett

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

School/Work Location:  BOC

Location of Conference/Workshop:  Eddyville  Out of District

City, State Location of Conference/Workshop:

Conference/Workshop Date(s):  8/16, 1/13, 10/18, 11/17, 2/21, 3/21, 4/18, 5/16  (Requires Board Approval)

Conference/Workshop Name:  Director Special Ed Mtgs.

Rationale for Attendance:  Regional Mtgs.

Today's Date:  7/24/17

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:

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?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

No

No

No

**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

No. of Miles

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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:  Pamela Barrett

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

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

Date:  7/24/17

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

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

Review/Revised: 7/11/2016



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

Today's Date: 7/12/17

Employee Name: Joseph H. Moneymaker

School/Work Location: South Livingston Elementary

Location of Conference/Workshop: Out of District

(Requires Board Approval)

City, State Location of Conference/Workshop: Washington D.C.

Conference/Workshop Date(s): 9/8/17 to 9/10/17

Conference/Workshop Name: Ford's Theatre Pre-treat

Rationale for Attendance:

This is the pre-treat and part of the Ford's Theatre grant program we have received. To help students develop oratory skills.

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:  
Location/Position:  
Location/Position:  
Location/Position:  
Yes

Yes

NO  
NO  
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?

Through PLC's, teacher meetings, and one-on-one conversations

**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

YES or NO

YES or NO

No. of Miles

How many nights

How many days

How many days

How many days

Method of Payment:  
Method of Payment:  
Method of Payment:  
Method of Payment:  
Method of Payment:

N/A

Ford's Grant pays for food, lodging, and air travel

**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)

Date 7/12/17

Date 7-12-17

Date 8/3/17

Review/Revised: 7/11/2016