

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date:

Employee Name: Stacy Walker
School/Work Location: LCMS

Location of Conference/Workshop:

Out of District

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

Out of State
(Requires Board Approval)

Departure Time: 8:00

Return Time: 1:00

Conference/Workshop Date(s): August 29
Conference/Workshop Name: PBIS Team
Rationale for Attendance: To learn proper implementation of PBIS strategies.

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

Employee Name: Justin McGill

Employee Name:

Employee Name:

Employee Name:

Location/Position: LCMS, SpEd Teacher

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? Information that is learned will be shared in faculty meeting and PLCs

Yes

No

No

ESTIMATED EXPENSES:

Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage

No. of Miles 0

Hotel/Lodging (amount per night)

Meals

Car Rental (amount per day)

Air Fair

NO No. of Days

NO

YES

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 Stacy Walker

Date 8/28/17

Signature of Principal/Supervisor Betsy Jure

Date 8/28/17

Signature of Superintendent/Designee (If Necessary) _____

Date _____