

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

Today's Date: 8/31/17

Employee Name: Amy Ramage

School/Work Location: Central Office

Location of Conference/Workshop:

City, State Location of Conference/Workshop:

Out of District (Not Timed)

(Requires Board Approval)  
Departure Time:

Return Time:

Conference/Workshop Date(s):

Conference/Workshop Name:

Rationale for Attendance:

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

Employee Name: Nita Cherry

Employee Name: KNS Simmons

Employee Name: Preston or other LSS Deputy

Employee Name: Stephanie Hinson, Michele Sanders, Michael Rittner

Employee Name: Ashley Repare

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:	\$		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	\$		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

Date

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

No reimbursement when  
personal vehicle is used.  
We use district  
vehicles at times.

**Professional Meeting and/or Travel Request Form**Employee Name: Stephanie Henson  
School/Work Location: SLES/District

Today's Date: 8/17/17

Location of Conference/Workshop:

Out of District ☒ X

Out of State

City, State Location of Conference/Workshop:

Usually Paducah

(Requires Board Approval)

Conference/Workshop Date(s):

School Year 17-18

Departure Time:

Return Time:

Conference/Workshop Name:

Rationale for Attendance:

We make multiple trips for supplies for students and projects. We collaborate to make trips as infrequently as possible..

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

Employee Name:	Michele Ritchie	Location/Position:	Asst. Coord
Employee Name:	Micha Sanders	Location/Position:	Asst. Coord
Employee Name:		Location/Position:	

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

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ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Family First Staff Meetings

No  
No  
No

**ESTIMATED EXPENSES:**

Substitute Needed:	NO	No. of Days	Method of Payment:
Registration Fee:	\$0		Method of Payment:
Use of Board Vehicle:	YES (when feasible)		Method of Payment:
Use of Personal Vehicle:	YES		Method of Payment:
Mileage	\$	No. of Miles	
Hotel/Lodging (amount per night)	\$0	How many nights	Method of Payment:
Meals	\$0		Method of Payment:
Car Rental (amount per day)	\$0	How many days	Method of Payment:
Air Fair	\$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 Stephanie Henson

Date 8/17/17

Signature of Principal/Supervisor

Date 8/17/17

Signature of Superintendent/Designee (if necessary)

Date

Review/Revised:7/11/2016

**Professional Meeting and/or Travel Request Form**Employee Name: Stephanie Henson  
School/Work Location:

Today's Date: 8/17/17

Location of Conference/Workshop:

Out of District ☒

Out of State

(Requires Board Approval)

City, State Location of Conference/Workshop:

Conference/Workshop Date(s):

TBA

Departure Time:

Return Time:

Conference/Workshop Name:

KY ASAP/ Pennyrite Board of Health Meetings/ KCEA Meetings

Rationale for Attendance:

Cultivate resources and services for our students and families

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?

No

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Family First Staff Meetings

**ESTIMATED EXPENSES:**

Substitute Needed:

NO No. of Days

Method of Payment:

Registration Fee: \$0

YES (when available)

Method of Payment:

Use of Board Vehicle:

Use of Personal Vehicle:

NO

Method of Payment:

Mileage \$

No. of Miles

Method of Payment:

Hotel/Lodging (amount per night)

How many nights

Method of Payment:

Meals \$0

Method of Payment:

Car Rental (amount per day) \$0

How many days

Method of Payment:

Air Fair \$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 Stephanie Henson

Date 8/17/17

Signature of Principal/Supervisor [Signature]

Date 8/17/17

Signature of Superintendent/Designee (If Necessary) [Signature]

Date \_\_\_\_\_

Review/Revised: 7/11/2016

# PERSONNEL

03.125 AP.21

## Professional Meeting and/or Travel Request Form

Today's  
Date: 8-29-17

Employee Name: Daniel Murphy  
School/Work Location: LCHS

Location of Conference/Workshop: Lyon County  
City, State Location of Conference/Workshop: Conference Center,  
Eddyville KY

Conference/Workshop Date(s): 8/30/17

Conference/Workshop Name: 2nd Region AD

Meeting

Rationale for Attendance: Information needed  
for 2nd Region Athletics

(Requires Board Approval)  
Departure Time: 8:00AM  
Return Time: 3:00pm

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? Admin PLC

### ESTIMATED EXPENSES:

	YES or NO	No. of Days	Method of Payment:
Substitute Needed:			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:			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 Daniel Murphy

Date 8-29-17

Signature of Principal/Supervisor

Date 8-29-17

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

Employee Name:

Stephanie Henson

Today's Date:

8/17/17

School/Work Location:

Location of Conference/Workshop:

Out of District ☒ X

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s):

School Year 17-18

Departure Time:

Return Time:

Local Meetings: Including- Interagency, CECC, Triancy Diversion/FAIR Team, Advisory Council &amp; other Home and

Conference/Workshop Name:

School Visits

Rationale for Attendance:

Community involvement and collaboration is a large part of our job

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

Employee Name:

Michele Ritchie

Location/Position:

Asst. Coordinator

Employee Name:

Micha Sanders

Location/Position:

Asst. Coordinator

Employee Name:

Location/Position:

No

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

No

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

**ESTIMATED EXPENSES:**

Substitute Needed:

NO No. of Days

Method of Payment:

Registration Fee:

\$0

YES (when feasible)

Method of Payment:

Use of Board Vehicle:

YES

Method of Payment:

Use of Personal Vehicle:

YES

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

Method of Payment:

Car Rental (amount per day)

\$0

How many days

Method of Payment:

Air Fair

\$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 Stephanie Henson

Signature of Principal/Supervisor



Date 8/17/17

Date 8/17/17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016