

PERSONNEL

03.125 AP.21

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

Employee Name: Jammy Stagle Today's Date: 9-8-17  
 School/Work Location: Central office

Location of Conference/Workshop: Bulky SRP Out of District  
 City, State Location of Conference/Workshop: Clady, Ky. (Requires Board Approval)  
 Conference/Workshop Date(s): 9/25/17 + 30th of 10th  
 Conference/Workshop Name: Preschool Leadership - BBA Administrative Mtg.  
 Rationale for Attendance: RDE updates, oversight of pre-prog. in

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? In classroom, at PLC, in staff meetings

**ESTIMATED EXPENSES:**

|                                  |  |                 |                    |
|----------------------------------|--|-----------------|--------------------|
| Substitute Needed:               | YES or NO                                  | No. of Days     | Method of Payment: |
| Registration Fee:                |  |                 | Method of Payment: |
| Use of Board Vehicle:            | <input checked="" type="radio"/> YES or NO |                 | Method of Payment: |
| Use of Personal Vehicle:         | <input type="radio"/> 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: Jammy Stagle Date: 9/12/17  
 Signature of Principal/Supervisor: Sam Plaut Date: 9/12/17  
 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: Tammy Seale  
School/Work Location:

Today's Date: 9/8/17

Location of Conference/Workshop: Hopkinsville (Out of District)  
City, State Location of Conference/Workshop:

Conference/Workshop Date(s): 9/20/17

(Requires Board Approval)  
Departure Time: 8:00

Return Time: 4:00

Conference/Workshop Name: Recall Keeping Training for Food Program

Rationale for Attendance: Upper reimbursement for meals provided to Preschool Children

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

Employee Name: Wendy Clanton  
Employee Name: Teri McQuinn

Location/Position: North Preschool Assistant  
Location/Position: South Preschool Assistant

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     | 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: Tammy Seale Date: 9-8-17  
Signature of Principal/Supervisor: Donna Blum Date: 9-8-17  
Signature of Superintendent/Designee (If Necessary): \_\_\_\_\_ Date: \_\_\_\_\_