PERSONNEL

Professional Meeting and/or Travel Request Form

		Te	Today's	
Employee Name: Daniel Murphy		D	Date:9/11/17	
School/Work Location: LCHS				
Location of Conference/Workshop: Hyatt	Out of District- Yes	Out of State- NO		
City, State Location of Conference/Worksho	p: Lexington, KY	(Requires Board Approval)		
Conference/Workshop Date(s):9/19/17-9/20/17		Departure Time:	Return Time:	
Conference/Workshop Name: New AD				
Training and KHSAA Delegate Meeting				
Rationale for Attendance: To gain knowledge	concerning the athletic director			
position.				
Other District Employees Attending Conference/W	orkshop (Please list name, schoo	ol/work location and position)		
Employee Name:		Location/Position:		
Employee Name:		Location/Position:		
Employee Name:		Location/Position:		
Employee Name:		Location/Position:		
ARE YOU REQUESTING PROFESSIONAL DEVELO		Yes	No	
Credit must be approved by the SBDM and/or Profession				
ARE YOU REQUESTING INSTRUCTIONAL LEADE		Yes	No	
WILL YOU BE PARTICIPATING AS A CONSULTAI		Yes	<u>No</u>	
HOW WILL YOU SHARE INFORMATION GAINED	WITH COLLEAGUES? Coaches at	nd administration meetings		
ESTIMATED EXPENSES:				
Substitute Needed:	YES or NO No. of Da			
Registration Fee:		Method of Payment:		
Use of Board Vehicle:	<u>YES</u> or NO			
Use of Personal Vehicle:	YES or <u>NO</u>			
Mileage		No. of Miles		
Hotel/Lodging (amount per night)	\$200 How many nights- 1	Method of Payment:		
Meals	\$50	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 ex	penditures. Receipts for expenses	s must come from the place of business making	g the charge.	
Signature of Applicant			Date9/13/17	
Signature of Principal/Supervisor			Date	
Signature of Superintendent/Designee (If Necessary)			Date	

Review/Revised:7/11/2016