

PERSONNEL

03.125 AP.21

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

Employee Name: Jonathan Hart  
School/Work Location: LCATS

Today's Date: ~~10/26/17~~ 9/26/17

Location of Conference/Workshop:

Out of District

Out of State

City, State Location of Conference/Workshop: Bowling Green, KY

(Requires Board Approval)

Conference/Workshop Date(s): 10/26/17

Departure Time: 9:30 AM

Return Time: 6:00 PM

Conference/Workshop Name: e-Prove

Rationale for Attendance: To further my understanding of the e-Prove system

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?

Yes

No

YES/LETA

No

I will take what I learn and apply it to our school improvement. I will take this information and share with Mr. Gray and the leadership team -

Mr. Gray and ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days

Registration Fee: \$ Nil/A

Use of Board Vehicle: YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$ 40.00

No. of Miles 320 miles round trip

Hotel/Lodging (amount per night) \$ Nil/A How many nights

Meals \$ 20.00

Car Rental (amount per day) \$ Nil/A How many days

Air Fair \$ Nil/A

**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 Jonathan Hart

Date 9/26/17

Signature of Principal/Supervisor Scott Gray

Date 9/26/17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016