Profession
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g and/or T
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equest Form

Review/Revised:7/11/2016	Date Re		Signature of Superintendent/Designee (If Necessary)
	Date		Signature of Principal/Supervisor
101-101	Date		Signature of Applicant HX XX 9
in Islin		ne from the place of business making th	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Hotel/Lodging (amount per night)  Meals \$  Car Rental (amount per day) \$  How many nights  How many nights  How many nights
		Method Method Method	Ϋ́
			HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
No o		Yes Yes	Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
No		Yes	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
	1	Location/Position: Location/Position:	Employee Name: W/A Employee Name:
	i	cation and position)  Location/Position:	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)  Loc
C			Rationale for Attendance Took by m. a case in a student
Return Time: After Grut	Return Ti	Out of State (Requires Board Approval) Departure Time: $q:\omega$ an	Location of Conference/Workshop: Mann, KY Out of District City, State Location of Conference/Workshop: Mayrum, KY Conference/Workshop Date(s): 10/16/17
Sli7	Today's Date: 10   5   17		Employee Name: Amy Romas Office School/Work Location: Cerutae Office