

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's
Date: 10/15/17

Employee Name: Stacy Walker
School/Work Location: LCMS
Location of Conference/Workshop: Fulton Co. Schools
City, State Location of Conference/Workshop: Fulton Co. Elem/Mid. School
Conference/Workshop Date(s): 10/17/17
Conference/Workshop Name: Community
Coaching Day
Rationale for Attendance: To ensure proper implementation of the The Leader in Me, schoolwide
Out of District Yes
Out of State No
(Requires Board Approval)
Departure Time: 6:30
Return Time: 4:30

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?
No
Yes
No

ESTIMATED EXPENSES:

	Substitute Needed:	Registration Fee:	Use of Board Vehicle:	NO	No. of Days	Method of Payment:
		\$0		NO		Method of Payment:
						Method of Payment:
						Method of Payment:

	Use of Personal Vehicle:	Hotel/Lodging (amount per night)	Meals	Car Rental (amount per day)	Air Fair	How many nights	How many days	Method of Payment:
		\$0	\$0	\$0	\$0			Method of Payment:
								Method of Payment:
								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 Stacy Wether

Date 10/15/17

Signature of Principal/Supervisor Bobby Stone

Date 10-16-17

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016