

Professional Meeting and/or Travel Request FormEmployee Name: **Leigh Ann Choat**Today's Date: **12/14/17**School/Work Location: **LCHS**Location of Conference/Workshop: **Benton, KY**Out of District **Yes**

Out of State

NOCity, State Location of Conference/Workshop: **Marshall County Center for the
Performing Arts**

(Requires Board Approval)

8:00

Conference/Workshop Date(s):

2/6/18Departure Time: **AM**Return Time: **4:00 PM**

Conference/Workshop Name:

ELA End of Course Road Show

Rationale for Attendance:

provide DACs with up to date information regarding changes to Spring testing, SDRR, and the new Accountability 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?

No

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? This training will provide me with the most up to date training for Spring testing that I will share with BACs and Principals in order to better prepare them for testing.****ESTIMATED EXPENSES:**

Substitute Needed:

YES or **NO**

No. of Days 1

Method of Payment:

Registration Fee: **\$0**

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 **30**

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: *Leigh Ann Choat* _____

Date 12/14/17 _____

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016