

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

Employee Name: BJ Rushing Fern

Today's Date: 01/30/2018

School/Work Location: District Technology Department

Location of Conference/Workshop: Louisville Out of District ☒

Out of State

City, State Location of Conference/Workshop: Louisville, Galt House

(Requires Board Approval)

Conference/Workshop Date(s): March 7-9, 2018

Departure Time: Tuesday, PM

Return Time: Friday, PM

Conference/Workshop Name: KySTE 2018 Conference

Rationale for Attendance: BJ: To gain knowledge of AD devestiture pre and post content, engage with peers at State CIO/DTC meeting on Wednesday, attend training(s) on Microsoft Ofc365 products and use as applicable to our staff/students.

Regina: To learn about the technical aspects of Ofc365, mentor with peers for STLP opportunities/changes, attend training(s) on GAFE, and to learn new skills to assist teachers with new features for GAGE and Microsoft Ofc365

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Regina Durard

Location/Position: District Technology Department/District Technician

Employee Name:

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

☐ 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? See above comments in Rationale for Attendance

**ESTIMATED EXPENSES:**Substitute Needed: N/A YES or ☒ NO No. of Days

Registration Fee: \$ \$204.00 per person (Includes membership dues of \$25.00)

Method of Payment:

Use of Board Vehicle: YES or ☒ NOMethod of Payment: PO TECH2018-040 KETS *gjf*Use of Personal Vehicle: ☒ YES or NO

Method of Payment:

Method of Payment:

Mileage \$ No. of Miles Approximately 425 round trip

Hotel/Lodging (amount per night) \$ 164.00 How many nights 3

Method of Payment: Bd of Ed Credit Card

Meals \$ w/o local taxes, etc.

Method of Payment: Bd of Ed Credit Card

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

Method of Payment:

Air Fair \$ N/A

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 BJ Rushing FernDate 01/30/2018Signature of ~~Principal~~/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Superintendent/Designee (If Necessary) Victy [Signature]Date 1/30/18

Review/Revised: 7/11/2016