

Professional Meeting and/or Travel Request Form

Employee Name: Stephanie Henson

Today's Date: 1/31/18

School/Work Location:

SLES

Location of Conference/Workshop:

Out of District X

Out of State

City, State Location of Conference/Workshop:

Frankfort

(Requires Board Approval)

Mid-

Morning

Afternoon

Conference/Workshop Date(s):

Feb 26-27, 2018

Departure Time: 26th

Return Time:

of 27th

Conference/Workshop Name:

KCEA Executive Board Meeting on 26th and Legislative Breakfast 27th

Rationale for Attendance:

I am the Region 1 Representative for KCEA/Breakfast is designed to inform Legislators about the impact of Community Edu. With CE eliminated in the gov budget, we are all encouraged to attend to rally legislative support.

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

Employee Name:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Family First Staff Meetings

ESTIMATED EXPENSES:

Substitute Needed:

NO No. of Days

Method of Payment:

Registration Fee:

\$0

Method of Payment:

Use of Board Vehicle:

NO, I am riding with another director

Method of Payment:

Use of Personal Vehicle:

NO

Method of Payment:

Mileage \$

No. of Miles

Method of Payment:

1 (sharing a room to

Method of Payment:

Hotel/Lodging (amount per night)

\$50

How many nights

cut cost)

Method of Payment:

BOE Credit Card/BOE Account

Meals est

\$25

Method of Payment:

Car Rental (amount per day)

\$0

How many days

Method of Payment:

BOE Credit Card/BOE Account

Air Fair \$0

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 Stephanie Henson

Date 1/31/18

Signature of Principal/Supervisor

Date 1/31/18

Signature of Superintendent/Designee (if Necessary)

Date

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 2/5/18

Employee Name: Amey Ramage
 School/Work Location: Central Office
 Location of Conference/Workshop: Redwood ⁴²³⁴ Out of District ☒
 City, State Location of Conference/Workshop: Redwood
 Conference/Workshop Date(s): 3/20/18
 Conference/Workshop Name: Graduated Response Training
 Rationale for Attendance:

Out of State
 (Requires Board Approval)
 Departure Time: 12:30pm Return Time: 4:30pm

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

Employee Name:
 Employee Name:
 Employee Name:
 Employee Name:

Location/Position:
 Location/Position:
 Location/Position:
 Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
 Credit must be approved by the SBDM and/or Professional Development Coordinator
 ARE YOU REQUESTING INSTITUTIONAL LEADERSHIP CREDIT?
 WILL YOU BE PARTICIPATING AS A CONSULTANT?
 HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Yes No
 Yes No
 Yes No
 Yes No

ESTIMATED EXPENSES:

Substitute Needed:	YES or NO	No. of Days	Method of Payment:
Registration Fee:	\$	<input checked="" type="radio"/> YES or <input checked="" type="radio"/> NO	Method of Payment:
Use of Board Vehicle:		<input checked="" type="radio"/> YES or <input checked="" type="radio"/> NO	Method of Payment:
Use of Personal Vehicle:		<input checked="" type="radio"/> YES or <input checked="" type="radio"/> NO	Method of Payment:
Mileage	\$	N/A	No. of Miles
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:

No reimbursement requested

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 [Signature] Date 2/5/18
 Signature of Principal/Supervisor [Signature] Date _____
 Signature of Superintendent/Designee (If Necessary) [Signature] Date _____

Review/Revised: 7/1/2016