

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date:
1/23/18

Employee Name: *Kim Lampley*

School/Work Location: *South Ele.*

Location of Conference/Workshop: *Marshall Co.*

Out of District

City, State Location of Conference/Workshop: *Druffenville, Ky*

Conference/Workshop Date(s): *2/6/18*

Conference/Workshop Name:

DAC/BAC Training

Rationale for Attendance: *KPREP up date*

Out of State
(Requires Board Approval)
Departure Time: *8:00*

Return Time: *3:00*

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:

Yes

No

☒ Yes

Yes

No

No

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?

ESTIMATED EXPENSES:

	YES or (NO)	No. of Days	Method of Payment:
Substitute Needed:			Method of Payment:
Registration Fee: \$			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	
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

Kim Lampley

Date *1/23/18*

Signature of Principal/Supervisor

Debbie Thompson

Date *1-23-18*

Signature of Superintendent/Designee (If Necessary)

Date

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 1/23/18

Employee Name: Kim Lampley
School/Work Location: South Ele.

Location of Conference/Workshop: WKEC Out of District

City, State Location of Conference/Workshop: Eddyville, Ky

Conference/Workshop Date(s): Jan. 29, 2018

Conference/Workshop Name: Alternate Assessment

Rationale for Attendance: BAC/ARC Chairs

Out of State
(Requires Board Approval)
Departure Time: 8:00 Return Time: 1:00 pm

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

Employee Name: Geco Ross

Employee Name:

Employee Name:

Employee Name:

Location/Position: SLES Assistant Principal
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 INSTRUCTIONAL LEADERSHIP CREDIT?
WILL YOU BE PARTICIPATING AS A CONSULTANT?
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Yes X No
Yes No

ESTIMATED EXPENSES:

	YES or (NO)	No. of Days	1	
Substitute Needed:				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		
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: Kim Lampley Date: 1/23/18
Signature of Principal/Supervisor: Becky Manning Date: 1-23-18
Signature of Superintendent/Designee (If Necessary): Date: _____

Review/Revised: 7/11/2016