

Employee Name: Terrin Hayden**Professional Meeting and/or Travel Request Form**School/Work Location: LEMSToday's Date: 2/20/18Location of Conference/Workshop: WKEC Out of DistrictCity, State Location of Conference/Workshop: Edgelyne, KY(Requires Board Approval)
Departure Time: 8:00

Conference/Workshop Date(s):

Return Time: 1:00pmConference/Workshop Name: Alternate Assessment

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

Employee Name: Bobby Love

Employee Name:

Employee Name:

Employee Name:

Location/Position: LEMS, principal

Location/Position:

Location/Position:

Location/Position:

Yes

Yes

Yes

Yes

Yes

Yes

NoNo

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?

Sharing w/ NELS**ESTIMATED EXPENSES:**Substitute Needed: YES or NO No. of Days

Registration Fee: \$

Use of Board Vehicle: YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$ No. of Miles

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

Meals \$

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

Air Fair \$

Method of Payment:

Method of Payment:

Method of Payment:

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: Terrin HaydenDate: 2/20/18Signature of Principal/Supervisor: Bobby LoveDate: 2-20-18

Signature of Superintendent/Designee (If Necessary):

Date: