

## PERSONNEL

03.125 AP.21

**Professional Meeting and/or Travel Request Form**Employee Name: Angie McGeeSchool/Work Location: LCISLocation of Conference/Workshop: Boulder LodgeCity, State Location of Conference/Workshop: DenverConference/Workshop Date(s): March 29-30Conference/Workshop Name: WLC # Spring ConferenceRationale for Attendance: updates on counseling techniques, etc.Today's Date: 3/15/2018Out of State  
(Requires Board Approval)

Departure Time:

Return Time: leaving from home - not returning to school.

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

Yes

No

No

No

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? will meet with principal upon return.**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO No. of Days

Registration Fee:

\$

Use of Board Vehicle:

No

Use of Personal Vehicle:

Yes

Mileage

\$

No. of Miles

Hotel/Lodging (amount per night)

How many nights

Meals

\$

Car Rental (amount per day)

How many days

Air Fair

\$

**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 of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date 3/15/2018Date 3/15/18

Date

Review/Revised: 7/11/2016

**Professional Meeting and/or Travel Request Form**Today's Date: 3/15/2018Employee Name: Angie McGee  
School/Work Location: LC HSLocation of Conference/Workshop: Eddaville Out of DistrictCity, State Location of Conference/Workshop: Eddaville, KYConference/Workshop Date(s): April 13Conference/Workshop Name: Multidisciplinary Team MeetingRationale for Attendance: Required attendance per E. D.vey attorney(Requires Board Approval)  
Departure Time: 8:15Return Time: 1:00

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

Yes

Yes

☒ No  
☒ 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?

Information at these meetings is confidential and is not supposed to be shared.**ESTIMATED EXPENSES:** None

Substitute Needed:

YES or NO

No. of Days

Registration Fee: \$

Use of Board Vehicle:

YES or NO

Use of Personal Vehicle: yes☒ 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:**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

Angie McGeeDate 3/15/2018

Signature of Principal/Supervisor

[Signature]Date 3/15/18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

# PERSONNEL

03.125 AP.21

## Professional Meeting and/or Travel Request Form

Employee Name: Angie McGee  
School/Work Location: LCHS

Today's Date:  
3/15/2018

Location of Conference/Workshop: P4TC Out of District - Yes - Paducah Out of State  
City, State Location of Conference/Workshop: Paducah Tilghman (Requires Board Approval)  
Conference/Workshop Date(s): 3/21/2018 Departure Time: 8:15 Return Time: 1:00  
Conference/Workshop Name: P4TC Counselor Workshop  
Rationale for Attendance: Information about tech courses offered for next year.

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

Employee Name: Scott Gray Location/Position: Principal (LCHS)  
Employee Name: Employee Name: Location/Position:  
Employee Name: Location/Position:  
Employee Name: 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?

Yes ☒ No ☐  
Yes ☐ No ☒

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Will consult with principal upon return and relay pertinent information to students during scheduling

### ESTIMATED EXPENSES: None

Substitute Needed:	YES or NO	No. of Days	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: Angie McGee Date: 3/15/2018  
Signature of Principal/Supervisor: Scott Gray Date: 3/15/18  
Signature of Superintendent/Designee (If Necessary): Date:

Review/Revised: 7/11/2016