

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Miranda Webber
School/Work Location: LCHS

Today's Date: 3/13/18

Location of Conference/Workshop:

Out of District

Out of State

(Requires Board Approval)

City, State Location of Conference/Workshop: Murray, KY

Departure Time: 7:30 am Return Time: 3:30 pm

Conference/Workshop Date(s): 3/16/18

Conference/Workshop Name: Classroom Observations

Rationale for Attendance: observe other high school math classrooms

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

Employee Name:

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

Yes

No

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
Credit must be approved by the SBDM and/or Professional Development Coordinator

Yes

No

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
Idea's & best practices learned can be shared during math PLC

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of Days

Method of Payment:

Registration Fee: \$

—

YES or NO

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: Miranda Webber

Date: 3/13/18

Signature of Principal/Supervisor: Scott S. Jones

Date: 3/13/18

Signature of Superintendent/Designee (If Necessary): Scott S. Jones

Date: 3/13/18

Review/Revised: 7/11/2016