

Professional Meeting and/or Travel Request FormEmployee Name: Betty MynickToday's Date: 2/16/18School/Work Location: SLESLocation of Conference/Workshop: Paducah Head Start Out of DistrictCity, State Location of Conference/Workshop: Paducah, KYConference/Workshop Date(s): 3/9/18Conference/Workshop Name: ECERS OverviewRationale for Attendance: Individual plan aligns with state identified professional core knowledge.

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

Employee Name:

Employee Name:

Employee Name:

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:

Substitute Needed:

Registration Fee: \$ 0☒ YES or NONo. of Days: 1

Method of Payment:

Method of Payment:

Use of Board Vehicle:

YES or NO ☒ 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)

Meals \$

How many nights

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

Betty Mynick

Date

2/16/18

Signature of Principal/Supervisor

Becky Blumming

Date

2-19-18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

Conference is in Paducah Ky. 8 AM - 3:30 PM. I will be leaving from my home and not returning to work location. No mileage requested. B.M.

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Betty Murick

School/Work Location: SLES

Today's Date: 2/16/18

Location of Conference/Workshop: Head Start Out of District

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

Conference/Workshop Date(s): 3/29/18

Conference/Workshop Name: ECERS - Administrators

Rationale for Attendance: Individual PD on aligns with state identified professional core knowledge.

(Requires Board Approval)
Departure Time: 7:15 AM

Return Time: 1:00 PM

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

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

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?
WILL YOU BE PARTICIPATING AS A CONSULTANT?
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Information will be shared at a staff program meeting.

ESTIMATED EXPENSES:

Substitute Needed: YES or NO 12 No. of Days
Registration Fee: \$0
Use of Board Vehicle: YES or NO NO
Use of Personal Vehicle: YES or NO
Mileage \$13.53 No. of Miles 33

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 Betty Murick

Date 2/16/18

Signature of Principal/Supervisor Becky Dunning

Date 2-19-18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request FormEmployee Name: Betty MyrickSchool/Work Location: SLES

Today's Date:

2/16/18

Location of Conference/Workshop:

City, State Location of Conference/Workshop: Paducah, KYOut of State
(Requires Board Approval)

Conference/Workshop Date(s):

once a month (approx. 15th of each month)Departure Time: NOONReturn Time: 2:30pm

Rationale for Attendance:

Grocery shopping once a month for daycare

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

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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:

Substitute Needed:

YES or NO

No. of Days

Registration Fee:

\$

YES or NO

No. of Days

Use of Board Vehicle:

\$

YES or NO

No. of Days

Use of Personal Vehicle:

\$

YES or NO

No. of Days

Mileage

\$13.53

No. of Miles

33

Hotel/Lodging (amount per night)

\$

\$

How many nights

Meals

\$

\$

How many days

Car Rental (amount per day)

\$

\$

How many days

Air Fair

\$

\$

How many days

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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

Betty Myrick

Date

2/16/18

Signature of Principal/Supervisor

Becky Skinning

Date

2-19-18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

Phone (270)928-2111, Fax (270) 928-2112



TRAVEL/MILEAGE EXPENSE FORM

[illegible]

TOTAL MILEAGE

CURRENT MILEAGE RATE

TOTAL COST

0

x.41

~~\$0.00~~

\$13,53

EMPLOYEE SIGNATURE

Betty Myrick

SUPERVISOR SIGNATURE

Bucky Dunning