

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 3/20/19

Employee Name: Any Ramage
 School/Work Location: Central Office
 Location of Conference/Workshop: Princeton Out of District ☒ Cardwell Co Board of Ed Out of State
 City, State Location of Conference/Workshop: Princeton
 Conference/Workshop Date(s): 3/20/19
 Conference/Workshop Name: IT Spmgs users group meeting
 Rationale for Attendance:

(Requires Board Approval)
 Departure Time: 8:20am Return Time: 3:45pm

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
 Employee Name: Nora Cherry Location/Position: SIS Coordinator
 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?
 HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

No
No

ESTIMATED EXPENSES:

| | | | |
|----------------------------------|------------------|-----------------------------|--------------------|
| Substitute Needed: | YES or <u>NO</u> | No. of Days | Method of Payment: |
| Registration Fee: | \$ <u>None</u> | | Method of Payment: |
| Use of Board Vehicle: | | <u>YES or NO</u> <u>N/A</u> | Method of Payment: |
| Use of Personal Vehicle: | | <u>YES or NO</u> <u>Any</u> | Method of Payment: |
| Mileage | \$ <u>N/A</u> | No. of Miles | Method of Payment: |
| 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: |

must leave & attend another meeting in Paducah

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] Date: 3/20/19
 Signature of Principal/Supervisor: [Signature] Date: _____
 Signature of Superintendent/Designee (If Necessary): [Signature] Date: _____

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 2/5/18

Employee Name: Amy Ramage
 School/Work Location: Central Office Redwood 4284
 Location of Conference/Workshop: Out of District ✓
 City, State Location of Conference/Workshop: Redwood
 Conference/Workshop Date(s): 3/20/18
 Conference/Workshop Name: Graduated Response Training
 Rationale for Attendance:

Out of State
 (Requires Board Approval)
 Departure Time: 12:30pm Return Time: 4:30pm

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: |
| 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?
 HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

| | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |

ESTIMATED EXPENSES:

| | | | |
|----------------------------------|------------|-----------------|--------------------|
| Substitute Needed: | YES or NO | No. of Days | Method of Payment: |
| Registration Fee: | <u>NO</u> | | Method of Payment: |
| Use of Board Vehicle: | YES or NO | | Method of Payment: |
| Use of Personal Vehicle: | <u>YES</u> | | Method of Payment: |
| Mileage | | No. of Miles | |
| Hotel/Lodging (amount per night) | | <u>N/A</u> | |
| 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: [Signature] Date: 2/5/18
 Signature of Principal/Supervisor: [Signature] Date: _____
 Signature of Superintendent/Designee (If Necessary): [Signature] Date: _____

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request Form

Today's Date:

3/20/19Employee Name: Amy RameySchool/Work Location: Central OfficeLocation of Conference/Workshop: Board of EdCity, State Location of Conference/Workshop: Raduok, KYConference/Workshop Date(s): 3/21/19Conference/Workshop Name: Attendance Clerk Training

Rationale for Attendance:

Out of State
(Requires Board Approval)Departure Time: 11:30Return Time: 3:00

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

Employee Name: Nora CherryEmployee Name: Tammy DurringsEmployee Name: Sherry DuggsEmployee Name: Traci AndersonEmployee Name: Jenny PadonEmployee Name: Lesly H. Sec.Employee Name: "**ESTIMATED EXPENSES:**

Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage:

Hotel/Lodging (amount per night):

Meals:

Car Rental (amount per day):

Air Fair:

YES or NO ☒ YES ☐ NO

Method of Payment:

Method of Payment:

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Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage:

Hotel/Lodging (amount per night):

Meals:

Car Rental (amount per day):

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

Date

Date

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request FormToday's Date: 2/21/18Employee Name: Amey RamaeSchool/Work Location: Culture OfficeLocation of Conference/Workshop: Out of DistrictCity, State Location of Conference/Workshop: Durham, NCConference/Workshop Date(s): 2/21/18

Conference/Workshop Name:

Rationale for Attendance: Observe Safety/Security measures in place @ Master's during High School

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

Employee Name: Johnathon HartEmployee Name: Bobby LoveEmployee Name: Greg Williams

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: \$

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage \$

Hotel/Lodging (amount per night)

Meals \$

Car Rental (amount per day) \$

Air Fair \$

YES or NO

No. of Days

YES or NO

YES or NO

No. of Miles

How many nights

How many days

Method of Payment:

Method of Payment:

Method of Payment:

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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

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date

Date

Date

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request FormEmployee Name: Amy RamageToday's Date: 3/30/18School/Work Location: Central OfficeLocation of Conference/Workshop: MSUOut of District ☒

Out of State

(Requires Board Approval)

City, State Location of Conference/Workshop: Murray, KYConference/Workshop Date(s): 4/10/18Departure Time: 7:30amReturn Time: 5:00pmConference/Workshop Name: No Such Thing As a Bad KidRationale for Attendance: To better understand & respond to students' informational and behavioral challenges using a positive, trauma-informed, strength-based approach

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

Employee Name: Stephane Hanson

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Employee Name:

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Employee Name:

ESTIMATED EXPENSES:Substitute Needed: YES or NO No. of DaysRegistration Fee: \$ None - Free Training YES or NOUse of Board Vehicle: YES or NOUse of Personal Vehicle: YES or NOMileage: \$ None No. of MilesHotel/Lodging (amount per night) \$ N/A How many nights N/AMeals \$ N/A How many days N/ACar Rental (amount per day) \$ N/A How many days N/AAir Fair \$ N/A How many days N/AMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requestedMethod of Payment: No mileage reimbursement requested**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: Amy RamageDate: 3/30/18Signature of Principal/Supervisor: [Signature]Date: [Blank]Signature of Superintendent/Designee (If Necessary): [Signature]Date: [Blank]

Review/Revised: 7/11/2016