

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 4/9/18

Employee Name: Jenethan Hurt
 School/Work Location: Livingston Central
 Location of Conference/Workshop: WKEC Out of District
 City, State Location of Conference/Workshop: Edinburgh, KY
 Conference/Workshop Date(s): April 11, 2018
 Conference/Workshop Name: KISA Regional Meeting
 Rationale for Attendance:

Out of State
 (Requires Board Approval)
 Departure Time: 9:15 AM

Return Time: 1:45 PM

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 ☒

ESTIMATED EXPENSES:

Substitute Needed: YES or NO ☒ No. of Days _____
 Registration Fee: \$ Free YES or NO ☒ NO
 Use of Board Vehicle: YES or NO ☒ NO
 Use of Personal Vehicle: YES or NO ☒ NO
 Mileage \$ _____ No. of Miles _____
 Hotel/Lodging (amount per night) \$ N/A How many nights _____
 Meals \$ Provided
 Car Rental (amount per day) \$ N/A How many days _____
 Air Fair \$ N/A
 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: _____ Date: 4/9/18
 Signature of Principal/Supervisor: _____ Date: 4/10/18
 Signature of Superintendent/Designee (If Necessary): _____ Date: _____

Review/Revised: 7/11/2016