

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Ronda Herrington
School/Work Location: NLES / Resource

Today's Date: 4-17-18

Location of Conference/Workshop: WKEC Workshop Out of District YES

Out of State NO
(Requires Board Approval)

City, State Location of Conference/Workshop: Edgelyville, KY.

Departure Time: 8:00 AM

Return Time: 3:30 PM

Conference/Workshop Date(s): 3/26/18 + 4/14/18

Conference/Workshop Name: Making Math Matter

Rationale for Attendance: PD for specialized teachers to understand math to teach better strategies.

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

Location/Position: NLES/SpEd

Employee Name:

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

NO

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

NO

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

NO

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

PLC's and co-teaching methods

ESTIMATED EXPENSES:

Substitute Needed: YES or NO

No. of Days 2

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 \$ 32.80

No. of Miles 80

@ .41

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

Ronda Herrington

Date 4-17-18

Signature of Principal/Supervisor

Shawn Allen

Date 4-17-18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016