

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Sylvia Doyle
School/Work Location: North Livingston

Location of Conference/Workshop: Edyville Out of District Yes

City, State Location of Conference/Workshop: Edyville, KY
Conference/Workshop Date(s): 4-19-18
Conference/Workshop Name: Share Instructional Science & Math

Out of State No
(Requires Board Approval)
Departure Time: 3:00

Return Time: 7:00

Today's Date: 4-19-18

Rationale for Attendance: Strategies & technologies for teaching math & Science

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

Employee Name: Betty Williams
Employee Name:
Employee Name:

Location/Position: North Livingston Spec. Ed.
Location/Position:
Location/Position:
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?

Will share strategies and technologies during PLC's &/or faculty meetings

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days 1
Registration Fee: \$ 0
Use of Board Vehicle: YES or NO
Use of Personal Vehicle: YES or NO
Mileage \$ 0 No. of Miles 0

Hotel/Lodging (amount per night) \$ 0 How many nights 0
Meals: \$ 0
Car Rental (amount per day) \$ 0 How many days 0
Air Fair \$ 0

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 Williams

Signature of Principal/Supervisor: Sylvia Doyle

Signature of Superintendent/Designee (If Necessary): _____

Date: 4-19-18
Date: 4-19-18

Review/Revised: 7/11/2016