Professional Meeting and/or Travel Request Form

Employee Name: Mallory Dukes
Today's Date: 4-13-18
School/Work Location: SLES
Location of Conference/Workshop: Paducah, KY Out of District
Out of State
City, State Location of Conference/Workshop:
(Requires Board Approval)
Conference/Workshop Date(s): 4-14-18
Departure Time:
Return Time:
Conference/Workshop Name: Spring Institute
Rationale for Attendance:

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

Employee Name: Jeri McCain
Location/Position: T.A. SLES
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? Bring back any information & handouts that are given to share with coworkers.

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO)	No. of Days	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	$	No. of Miles 66	
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 Mallory Dukes Date 4-13-18

Signature of Principal/Supervisor Becky Dunning Date 4-13-18

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Melissa Day
School/Work Location: SLES
Today's Date: 4-13-18

Location of Conference/Workshop: Out of District Out of State
City, State Location of Conference/Workshop: (Requires Board Approval)
Conference/Workshop Date(s): Departure Time: Return Time:
Conference/Workshop Name:
Rationale for Attendance:
Home Visits - Spring

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

Employee Name: Regina Ringstaff Location/Position:
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?

ESTIMATED EXPENSES:

Substitute Needed:		YES or NO	No. of Days	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	$		No. of Miles	
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 Melissa Day Regina Ringstaff Date 4-13-18

Signature of Principal/Supervisor Becky Dunning Date 4-13-18

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Jennifer Burnett
School/Work Location: SLES
Today's Date: 4-26-18
Location of Conference/Workshop: Leabetter, ~~Out of District~~ Grand Rivers, Smithland ~~Out of State~~
City, State Location of Conference/Workshop:
Conference/Workshop Date(s): 4/27/18 and 5/4/18 (Requires Board Approval)
Departure Time: 7:45 Return Time:
Conference/Workshop Name:
Rationale for Attendance: Home visits

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

Employee Name: Mallory Dukes Location/Position: TA
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?

ESTIMATED EXPENSES:

Substitute Needed:		YES or (NO) No. of Days	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	$	No. of Miles	
Hotel/Lodging (amount per night)	$	How many nights 0	Method of Payment:
Meals	$		Method of Payment:
Car Rental (amount per day)	$	How many days 0	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 Jennifer Burnett Date 4-26-18

Signature of Principal/Supervisor Becky Dunning Date 4-26-18

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Meagan Brasher / Kayla Wood Today's Date: 4-26-18

School/Work Location: Smithland

Location of Conference/Workshop: Out of District Out of State

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

Conference/Workshop Date(s): Departure Time: Return Time:

Conference/Workshop Name: Home Visits

Rationale for Attendance:

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? 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?

ESTIMATED EXPENSES:

Substitute Needed:		YES or (NO) No. of Days	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	$	No. of Miles	
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 Meagan Brasher Date 4-26-18

Signature of Principal/Supervisor Becky Dunning Date 4-26-18

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016