

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Stephanie Henson
School/Work Location: SLES/District

Today's Date: 7/1/18

Location of Conference/Workshop: Out of District ☒ X

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

Conference/Workshop Date(s): School Year 17-18 Departure Time:

Return Time:

Conference/Workshop Name:

Rationale for Attendance: We make multiple trips for supplies for students and projects. We collaborate to make trips as infrequently as possible..

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

Employee Name:	Michele Ritchie	Location/Position:	Asst. Coord
Employee Name:	Micha Sanders	Location/Position:	Asst. Coord
Employee Name:		Location/Position:	

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

No

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

No

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Family First Staff Meetings

ESTIMATED EXPENSES:

	NO	No. of Days	Method of Payment:
Substitute Needed:			Method of Payment:
Registration Fee:	\$0	YES (when feasible)	Method of Payment:
Use of Board Vehicle:		YES	Method of Payment:
Use of Personal Vehicle:			Method of Payment:
Mileage	\$	No. of Miles	
Hotel/Lodging (amount per night)	\$0	How many nights	Method of Payment:
Meals	\$0		Method of Payment:
Car Rental (amount per day)	\$0	How many days	Method of Payment:
Air Fair	\$0		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: Stephanie Henson
Signature of Principal/Supervisor: 
Signature of Superintendent/Designee (if Necessary): _____

Date 7/1/18
Date 8/17/18
Date _____

Review/Revised: 7/1/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name:

Stephanie Henson

Today's Date: 7/1/18

School/Work Location:

Location of Conference/Workshop:

Out of District X

Out of State

City, State Location of Conference/Workshop:

Conference/Workshop Date(s):

TBA

(Requires Board Approval)
Departure Time:

Return Time:

Conference/Workshop Name:

Rationale for Attendance:

KY ASAP/ Pennyville Board of Health Meetings/ KCEA Meetings
Cultivate resources and services for our students and families

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:

No

No

No

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
Credit must be approved by the SBDM and/or Professional Development Coordinator

Family First Staff Meetings

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
WILL YOU BE PARTICIPATING AS A CONSULTANT?

ESTIMATED EXPENSES:

Substitute Needed:

NO No. of Days

Method of Payment:

Registration Fee:

YES (when available)

Method of Payment:

Use of Board Vehicle:

NO

Method of Payment:

Mileage \$

No. of Miles

Method of Payment:

Hotel/Lodging (amount per night)

How many nights

Method of Payment:

Meals \$0

How many days

Method of Payment:

Car Rental (amount per day)

\$0

Method of Payment:

Air Fair \$0

Method of Payment:

ADDITIONAL INSTRUCTIONS:

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Signature of Applicant Stephanie Henson

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date 7/1/18

Date 8/1/18

Date

Review/Revised: 7/1/2016

Professional Meeting and/or Travel Request Form

Employee Name:

Stephanie Henson

Today's Date: 7/1/18

School/Work Location:

Location of Conference/Workshop:

Out of District X

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s):

School Year 18-19

Departure Time:

Return Time:

Conference/Workshop Name:

Local Meetings: Including- Interagency, CECC, Truancy Diversion/FAIR Team, Advisory Council & other Home and School Visits

Rationale for Attendance:

Community involvement and collaboration is a large part of our job

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

Employee Name:

Michele Ritchie

Location/Position:

Asst. Coordinator

Employee Name:

Micha Sanders

Location/Position:

Asst. Coordinator

Employee Name:

Location/Position:

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ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

No
No
No**ESTIMATED EXPENSES:**

Substitute Needed:	NO	No. of Days	Method of Payment:
Registration Fee:	\$0		Method of Payment:
Use of Board Vehicle:	YES (when feasible)		Method of Payment:
Use of Personal Vehicle:	YES		Method of Payment:
Mileage	\$0	No. of Miles	
Hotel/Lodging (amount per night)	\$0	How many nights	Method of Payment:
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Car Rental (amount per day)	\$0	How many days	Method of Payment:
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Signature of Superintendent/Designee (if Necessary):

Date 7/1/18

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Date

Review/Revised: 7/1/2016