Professional Meeting and/or Travel Request Form

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	son	Today	Today's Date: 7/1/18
Location of Conference/Workshop:	Out of District X	Out of State	
City, State Location of Conference/Workshop: Conference/Workshop Date(s):	kshop: Usually Paducah School Year 17-18	(Requires Board Approval) Departure Time:	Return Time:
	We make multiple trips for supplies for students and projects. We collaborate to make trips as infrequently as possible.	nts and projects. We collaborate to i	make trips as infrequently as possible
Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Michele Ritchie Lo	shop (Please list name, school/work locatio Michele Ritchie	n and position) Location/Position:	Asst. Coord
Employee Name:	Micha Sanders	Location/Position:	Asst. Coord
Employee Name:		Location/Position:	
Employee Name:		Location/Position:	*
ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?	ENT CREDIT?		200
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?	IIP CREDIT?		No
WILL YOU BE PARTICIPATING AS A CONSULTANT?			No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?	H COLLEAGUES?	Family First Staff Meetings	
ESTIMATED EXPENSES:			
	NO No. of Days	Method of Payment:	
Use of Board Vehicle:	YES (when feasible)	Method of Payment:	
Use of Personal Venicle:	i ES No. of Miles	Intention of Layment.	
Hotel/Lodging (amount per night) \$0	How many nights	Method of Payment:	
Meals	٠	Method of Payment:	
Car Rental (amount per day) \$0	How many days	Method of Payment: Method of Payment:	
		•	
ADDITIONAL INSTRUCTIONS: * Itemized receipts are required for all expenditures. Receipts for expenses must come from the place	itures. Receipts for expenses must come fr	om the place of business making the charge.	charge.
Signature of Applicant_Stephanie Hensqn //			Date 7/1/18
Signature of Principal/Supervisor			Date 8/17/18
Signature of Superintendent/Designee (If Necessary)	The second secon		Date

Review/Revised:7/11/2016

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<u>Pro1</u> Employee Name: Stephanie Henson	essional Meeting and/or	Today's Date:)ate: 7/1/18
cation:		•	
Location of Conference/Workshop:	Out of District X	Out of State	
City, State Location of Conference/Workshop:	orkshop:	roval)	i i
	TBA	••	Keturn Tume:
ie:	KY ASAP/ Pennyrile Board of Health Meetings/ KCEA Meetings	ngs/ KCEA Meetings	
	Cultivate resources and services for our students and families	ents and families	
Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)	rkshop (Please list name, school/work location	on and position)	
Employee Name:		Location/Position:	1 1
ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?	MENT CREDIT?		No
Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOUR REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?	al Development Coordinator SHIP CREDIT?		No
WILL YOU BE PARTICIPATING AS A CONSULTANT?	Γ?		No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?	VITH COLLEAGUES?	Family First Staff Meetings	
ESTIMATED EXPENSES:			
	NO No. of Days		
Registration Fee:	\$0		
Use of Board Vehicle:	YES (when available)	Method of Payment:	
Ose of refsoliat veincle. Mileage	\$ No. of Miles	resource of a symmetry	
Hotel/Lodging (amount per night)	\$0 How many nights	Method of Payment:	
Meals		Method of Payment:	
Car Rental (amount per day) (\$0 How many days	Method of Payment: Method of Payment:	
ADDITIONAL INSTRUCTIONS:			
* Itemized receipts are required for all expe	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.	rom the place of business making the cha	rge.
Signature of Applicant_Stephani Hensop			Date 7/1/48
Signature of Principal/Supervisor			Date 8/17/18
Signature of Superintendent/Designee (InNecessary)			Date

Review/Revised:7/11/2016

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Professional Meeting and/or Travel Request Form

Employee Name: Stephanie Henson	lenson	Today's Date:	te: 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): Local Mo	Vorkshop: (Requires Board Approval) School Year 18-19 Departure Time: Return Time: Local Meetings: Including- Interagency, CECC, Truancy Diversion/FAIR Team, Advisory Council & other Home and	(Requires Board Approval) Departure Time: Truancy Diversion/FAIR Team, Advis	Return Time: visory Council & other Home and
Conference/Workshop Name:	School Visits	•	
Rationale for Attendance:	Community involvement and collaboration is a large part of our job	a large part of our job	
Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)	orkshop (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: Employee Name:		Location/Position: Location/Position:	
ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?	PMENT CREDIT?		No
Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REOUESTING INSTRUCTIONAL LEADERSHIP CREDIT?	al Development Coordinator RSHIP CREDIT?		No
WILL YOU BE PARTICIPATING AS A CONSULTANT?	17?		No
ESTIMATED EXPENSES:			
Substitute Needed:	NO No. of Days	Method of Payment: 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:	
Meals Car Rental (amount per day)	\$0 How many days	Method of Payment: Method of Payment:	
ADDITIONAL INSTRUCTIONS:	60	TANKAN OF A C. J. LANGER.	
* Itemized receipts are required for all exp	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.	n the place of business making the charg	ÿe.
Signature of Applicant_Stephanie Henson	0	Da	Date 7/1/18/
Signature of Principal/Supervisor	Toy I	Da	ute 8/1/1/18
Signature of Superintendent/Designee (If Necessary)		Date	tte

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