

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: **Kristy Nelson**

Today's Date: **08/17/2018**

School/Work Location: **District**

Location of Conference/Workshop: **In District**

City, State Location of Conference/Workshop: **Livingston County**

Conference/Workshop Date(s):

Conference/Workshop Name:

Rationale for Attendance: **office to school visits, home visits, etc.**

Out of State
(Requires Board Approval)
Departure Time:

Return Time:

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

Yes

No

Yes

No

Yes

No

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?

ESTIMATED EXPENSES:

	YES or NO	No. of Days	Method of Payment:
Substitute Needed:			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

Kristy Nelson

Date

8/17/18

Signature of

Principal/Supervisor

[Signature]

Date

8/17/18

Signature of Superintendent/Designee (if Necessary)

Date

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 08/17/2018

Employee Name: Kristy Nelson
School/Work Location: District

Out of District X

Location of Conference/Workshop:
City, State Location of Conference/Workshop: Usually Paducah

Out of State
(Requires Board Approval)

Conference/Workshop Date(s):

Departure Time:

Return Time:

Conference/Workshop Name:

Rationale for Attendance: office supplies and other office needs

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

Employee Name:
Employee Name:
Employee Name:
Employee Name:

Location/Position:
Location/Position:
Location/Position:
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: Kristy Nelson Date: 8/17/18
Signature of Principal/Supervisor: [Signature] Date: 8/17/18
Signature of Superintendent/Designee (If Necessary): _____ Date: _____