Professional Meeting and/or Travel Request Form

Employee Name: Jennifer Burnett, Mallory Dukes
Today's Date: August 23, 2018
School/Work Location: SLES
Location of Conference/Workshop: Home Visits (Out of District / Out of State)
City, State Location of Conference/Workshop: Livingston County (Requires Board Approval)
Conference/Workshop Date(s): August-September Fridays / April-May Fridays
Conference/Workshop Name:
Rationale for Attendance: 1st Home Visits / 2nd home visits
Departure Time: Return Time:

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: NA
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 Jennifer Burnett Date 8-23-18

Signature of Principal/Supervisor Becky Denning Date 8-23-18

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

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Melissa Day & Regina Ringstaff Today's Date: 8/31/18
School/Work Location:
Location of Conference/Workshop: Out of District Out of State
City, State Location of Conference/Workshop: (Requires Board Approval)
Conference/Workshop Date(s): Aug/Sept. & April/May
Conference/Workshop Name: Home Visits Departure Time: Return Time:
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: NA
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 Date 8-31-18
Signature of Principal/Supervisor Becky Dunning Date 8-31-18
Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Alicia Wallace

Today's Date: 8-29-18

School/Work Location: SLES

Location of Conference/Workshop: (Out of District) Out of State (Requires Board Approval)

City, State Location of Conference/Workshop: Eddyville, KY

Conference/Workshop Date(s): 9-5-18

Departure Time: 8:00am Return Time: 4:00pm

Conference/Workshop Name: New or Novice ARC Chairperson Traing

Rationale for Attendance: To gain more knowledge to help me chair ARC meetings

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? n/a

ESTIMATED EXPENSES:

Substitute Needed: (YES) or NO No. of Days ½ day Method of Payment:

Registration Fee: $ n/a Method of Payment:

Use of Board Vehicle: YES or (NO) Method of Payment:

Use of Personal Vehicle: (YES) or NO Method of Payment: No reimbursement sought

Mileage $ No. of Miles 19.5

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 Alicia Wallace Date 8-29-18

Signature of Principal/Supervisor Becky Stunning Date 8-29-18

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

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Sarah Anthony

Today's Date: 8-28-2018

School/Work Location: South Livingston Elementary

Location of Conference/Workshop: Louisville, KY Out of District yes

Out of State no

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

Conference/Workshop Date(s): Sept 11-12, 2018 Departure Time: Sept 10, 2018 Return Time: After school

Conference/Workshop Name: Initial certified Evaluation training

Rationale for Attendance: 2 day training for new admin.

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? (12) EILA Hours 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:	$ 0		Method of Payment:
Use of Board Vehicle:	NO	YES or NO	Method of Payment:
Use of Personal Vehicle:	yes	YES or NO	Method of Payment: Reimbursement
Mileage	$	No. of Miles 536	
Hotel/Lodging (amount per night)	$ 0	How many nights	Method of Payment:
Meals	$ 45 daily		Method of Payment: Board credit card/SBDM reimbursement
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

↑ Based on the fact no hotel will be needed. Staying with family.

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 Sarah Anthony Date 8/28/18

Signature of Principal/Supervisor Becky Dunning Date 8-28-18

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

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Becky Dunning

Today's Date: 8-29-18

School/Work Location: SLES

Location of Conference/Workshop: (Out of District) / Out of State (Requires Board Approval)

City, State Location of Conference/Workshop: Bowling Green, Ky.

Conference/Workshop Date(s): Sept. 24, 2018

Departure Time: 8:30 AM Return Time: 6:00 PM

Conference/Workshop Name: AdMIT

Rationale for Attendance: Required for MAF Grant

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? I will share in PLCs & Faculty meetings.

ESTIMATED EXPENSES:

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

Registration Fee: $ 0 Method of Payment:

Use of Board Vehicle: YES or (NO) Method of Payment:

Use of Personal Vehicle: (YES) or NO Method of Payment: I'm not asking for reimbursement

Mileage $ NA 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 Becky Dunning Date 8-29-18

Signature of Principal/Supervisor Becky Dunning Date 8-29-18

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

Review/Revised:7/11/2016