## PERSONNEL

## **Professional Meeting and/or Travel Request Form**

Employee Name: Mary Dunning	Today's	Date: 9/10/2018
School/Work Location: Livingston BOE		
Location of Conference/Workshop: Holiday Inn Out of District	Out of State	
City, State Location of Conference/Workshop: Bowling Green, KY	(Requires Board Approval)	
Conference/Workshop Date(s): September 18-19, 2018	Departure Time: TBD	Return Time: TBD
Conference/Workshop Name: WKEC Annual Fall Retreat and Institute		
Rationale for Attendance: TRS State of System, Pending Judicial Decisions & R	ev. of Recent Legislation	
Other District Employees Attending Conference/Workshop (Please list name, school/work location and post		
Employee Name:	Location/Position:	
Employee Name:	Location/Position:	
Employee Name:	Location/Position:	
Employee Name: ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?	Location/Position: Yes	No
Credit must be approved by the SBDM and/or Professional Development Coordinator	1 es	No
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? Train-the-trainer		
ESTIMATED EXPENSES:		
Substitute Needed: YES or NO No. of Days	Method of Payment:	
Registration Fee: \$	Method of Payment:	
Use of Board Vehicle: <u>YES</u> or NO	Method of Payment:	
Use of Personal Vehicle: YES or NO	Method of Payment: BOE	
Mileage \$ 150.00 No. of Miles		
Hotel/Lodging (amount per night) \$105 How many nights 1	Method of Payment: BOE	
Meals \$ 35	Method of Payment: BOE	
Car Rental (amount per day) \$ How many days	Method of Payment:	
Air Fair \$	Method of Payment:	
ADDITIONAL INSTRUCTIONS:	Method of Fuyhent.	
* Itemized receipts are required for all expenditures. Receipts for expenses must come from the pl	lace of business making the charge.	
$\mathcal{M}_{\mathcal{A}}$		
Signature of Applicant		Date9/10/2018
Signature of Principal/Supervisor		Date
Signature of Superintendent/Designee (If Necessary)		Date
		Review/Revised:7/11/2016