

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request FormEmployee Name: **Mairinda Jones**

Today's Date: 9/10/2018

School/Work Location: **LCHS**Location of Conference/Workshop: **Galt House**Out of District ☒City, State Location of Conference/Workshop: **Louisville, KY**Conference/Workshop Date(s): **Oct. 22-24, 2018**Conference/Workshop Name: **21st CCLC Multi-state Conf.**Rationale for Attendance: **Mandatory 21st CCLC Conference**

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

Employee Name: **Stephen Maddux**Employee Name: **Geco Ross**

Employee Name:

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? **Train-the-trainer****ESTIMATED EXPENSES:**

Substitute Needed:

☒ YES or NONo. of Days **3**

Registration Fee:

\$ **400**

Use of Board Vehicle:

☒ YES or NO

Use of Personal Vehicle:

YES or NO

Mileage \$

No. of Miles

Hotel/Lodging (amount per night)

\$ **900**How many nights **3**

Meals \$

\$ **425**

Car Rental (amount per day)

\$

How many days

Air Fair \$

\$

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

Mairinda K Jones

Date

09/10/18

Signature of Principal/Supervisor

Stephanie C. Ross

Date

9/10/18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/1/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: **Jessie Smith**

Today's Date: 9/10/2018

School/Work Location: **LCMS**

Location of Conference/Workshop: **Galt House** ☒ Out of District

City, State Location of Conference/Workshop: **Louisville, KY**

Conference/Workshop Date(s): **Oct. 22-24, 2018**

Conference/Workshop Name: **21st CCLC Multi-state Conf.**

Rationale for Attendance: **Mandatory 21st CCLC Conference**

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

Employee Name: **Michaela Edmondson**

Employee Name: **Alescia Wilson**

Employee Name:

Location/Position: **LCMS**
Location/Position: **NLES/LCMS**
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? **Train-the-trainer**

ESTIMATED EXPENSES:

Substitute Needed:	<input checked="" type="checkbox"/> YES or NO	No. of Days	Method of Payment:
Registration Fee:	\$450	3 (Alescia & Michaela)	21st CCLC Grant Funds (550DJ)
Use of Board Vehicle:	<input checked="" type="checkbox"/> YES or NO	Method of Payment:	21st CCLC Grant Funds (550DJ)
Use of Personal Vehicle:	<input type="checkbox"/> YES or NO	Method of Payment:	21st CCLC Grant Funds (550DJ)
Mileage	\$	No. of Miles	
Hotel/Lodging (amount per night)	\$ 900	How many nights	Method of Payment:
		3	21CCLC Grant Funds (550DJ)
Meals	\$ 425	How many days	Method of Payment:
Car Rental (amount per day)	\$		21CCLC Grant Funds (550DJ)
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

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date **9-10-18**
Date **9-10-18**
Date _____
Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 9/10/2018

Employee Name: Tina Scheer

School/Work Location: South Livingston Ele.

Location of Conference/Workshop: Galt House

Out of District ☒

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

Conference/Workshop Date(s): Oct. 22-24, 2018

Conference/Workshop Name: 21st CCLC Multi-state Conf.

Rationale for Attendance: Mandatory 21st CCLC Conference

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

Employee Name: Pam Smith

Employee Name:

Employee Name:

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? Train-the-trainer

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days

Registration Fee: \$ 300

Use of Board Vehicle: ☒ YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) \$425 How many nights 3

Meals \$ 300

Car Rental (amount per day) \$ How many days

Air Fair \$

Method of Payment: 21st CCLC Grant Funds (550DJ)
Method of Payment: 21st CCLC Grant Funds (550DJ)
Method of Payment: 21st CCLC Grant Funds (550DJ)

Location/Position: SLES,
Location/Position:
Location/Position:
Location/Position:
Yes
Yes
Yes
☒ No
☒ No
☒ No

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 Tina A. Scheer

Date 9/10/18

Signature of Principal/Supervisor Becky Blumming

Date 9-10-18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request FormEmployee Name: **Tina Lawless**Today's Date: **9/10/2018**School/Work Location: **North Livingston Ele.**Location of Conference/Workshop: **Galt House****Out of District**City, State Location of Conference/Workshop: **Louisville, KY**Conference/Workshop Date(s): **Oct. 22-24, 2018**(Requires Board Approval)
Departure Time: **TBD**Conference/Workshop Name: **21st CCCLC Multi-state Conf.**Return Time: **TBD**Rationale for Attendance: **Mandatory 21st CCCLC Conference**

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

Employee Name: **Gina Gilley**Employee Name: **Alescia Wilson**

Employee Name:

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 CONSUL TANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? **Train-the-trainer****ESTIMATED EXPENSES:**Substitute Needed: **YES** or NO No. of Days **3 (Alescia)**Registration Fee: **\$600 (incl. D. Cole)**Use of Board Vehicle: **YES** or NO YES or NOUse of Personal Vehicle: **YES** or NO YES or NO

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) \$ **825** How many nights **3**Meals \$ **425**

Car Rental (amount per day) \$ How many days

Air Fair \$

Method of Payment: **21CCCLC Grant Funds (550DJ)**Method of Payment: **21CCCLC Grant Funds (550DJ)**

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

*Tina Lawless*Date **9/10/18**

Signature of Principal/Supervisor

*Matthew Hart*Date **9/11/18**

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016