PERSONNEL   03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Tessa Hooks   Today's Date: 9/12/18
School/Work Location: LCMS
    Location of Conference/Workshop: Renee's Event Center Out of District Yes   Out of State NO
    City, State Location of Conference/Workshop: Paducah, KY   (Requires Board Approval)
    Conference/Workshop Date(s): Tuesday October 30, 2018   Departure Time: 8:00   Return Time: 3:30
    Conference/Workshop Name: 2018 KY NEED Energy Workshop
    Rationale for Attendance: Energy Curriculum aligned with NGSS (Energy Transformations, Cycling of Energy, Electromagnetic) Forces

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
    Employee Name: Tessa Hooks   Location/Position: LCMS 6th and 7th Science.
    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?   PLC's

ESTIMATED EXPENSES:

Substitute Needed:	(YES) or NO No. of Days 1	Method of Payment:	NEED Workshop will reimburse for substitute
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:	
Mileage	$ Not asking for any reimbursment for driving. 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 _Tessa M Hooks_   Date _9/12/18._
Signature of Principal/Supervisor _Bobby Love_   Date
Signature of Superintendent/Designee (If Necessary)   Date

Review/Revised:7/11/2016

Page 1 of 1