Professional Meeting and/or Travel Request Form

Employee Name: Stephanie Henson Today's Date: 9/4/18

School/Work Location: District

Location of Conference/Workshop: X Out of District Out of State

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

Conference/Workshop Date(s): Oct 29-31 Departure Time: AM of 29th Return Time: PM of the 31st

Conference/Workshop Name: Fall Institute – I will need to drive up on the evening of the ~~30th~~ 29th because I am on an Executive Committee that will meet the

Rationale for Attendance: Required for FRYSC and strongly encouraged for Community Education

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?	Yes
Credit must be approved by the SBDM and/or Professional Development Coordinator	
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?	No
WILL YOU BE PARTICIPATING AS A CONSULTANT?	No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?	Staff Meetings

ESTIMATED EXPENSES:

Substitute Needed:	NO	No. of Days	Method of Payment:	
Registration Fee:	$220 (including FRYSC Membership dues)		Method of Payment:	PO
Use of Board Vehicle:	YES		Method of Payment:	
Use of Personal Vehicle:	NO		Method of Payment:	
Mileage	$	No. of Miles		
Hotel/Lodging (amount per night)	$132	How many nights 2	Method of Payment:	
Meals	(2 ½ Days)		Method of Payment:	
Car Rental (amount per day)	$0	How many days	Method of Payment:	
Air Fair	$0		Method of Payment:	BOE Credit Card

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 Stephanie Henson Date 9/4/18

Signature of Principal/Supervisor _____ Date 10/5/18

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

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Amy Ramage Today's Date: 9/25/18
School/Work Location: BOE
Location of Conference/Workshop: Out of District ✓ Out of State
City, State Location of Conference/Workshop: Madisonville, KY (Requires Board Approval)
Conference/Workshop Date(s): 9/26/18 Departure Time: 8:15 am Return Time: 2:00 pm
Conference/Workshop Name: FRYSC District Contact Meeting
Rationale for Attendance: District contacts for FRYSC are required to attend at least one meeting annually per contract terms.

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 the info @ the next FRYSC Advisory Council Meeting

ESTIMATED EXPENSES:

Substitute Needed:		YES or (NO) No. of Days	Method of Payment:
Registration Fee:	$ None		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 – NA –	Method of Payment:
Meals	$ – NA –		Method of Payment:
Car Rental (amount per day)	$	How many days – NA –	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 Amy Ramage Date 9/25/18
Signature of Principal/Supervisor _____ Date _____
Signature of Superintendent/Designee (If Necessary) NR Date _____

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Nora Cherry

Today's Date: 9/11/18

School/Work Location: BOE

Location of Conference/Workshop: Marshall Co. Bd. of Ed

Out of District X

Out of State (Requires Board Approval)

City, State Location of Conference/Workshop:. Benton, KY

Conference/Workshop Date(s): 9/17/2018

Departure Time: 8:15 AM

Return Time: 3:45 PM

Conference/Workshop Name: Fall User Group

Rationale for Attendance: IC Updates

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:
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 Nora Cherry Date 9-11-18

Signature of Principal/Supervisor [signature] Date 9-11-18

Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Kristy Nelson Today's Date: 09/19/2018
School/Work Location: BOE
Location of Conference/Workshop: Galt House Out of District yes Out of State no
City, State Location of Conference/Workshop: Louisville, KY (Requires Board Approval)
Conference/Workshop Date(s): 11/3/2018 Departure Time: Return Time:
Conference/Workshop Name: Kentucky Reading Conference
Rationale for Attendance: lead professional development workshops on close reading

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? - aid Striving Readers/ELA cadre with PD in [redacted] the area of literacy instruction.

ESTIMATED EXPENSES:

Substitute Needed: YES or (NO) No. of Days 1 Method of Payment:
Registration Fee: $90.00 Method of Payment:
Use of Board Vehicle: YES or (NO) Method of Payment:
Use of Personal Vehicle: (YES) or NO Method of Payment:
Mileage $ 141.04 No. of Miles 328 (@)
Hotel/Lodging (amount per night) $ N/A How many nights N/A Method of Payment: N/A
Meals $ Method of Payment:
Car Rental (amount per day) $ N/A How many days N/A Method of Payment: N/A
Air Fair $ N/A Method of Payment: N/A

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 9/19/18
Signature of Principal/Supervisor [signature] Date 10/4/18
Signature of Superintendent/Designee (If Necessary) [signature] Date