

JAN 23 2020

PERSONNEL

03.125 AP.21

Authorization for Out-of-District Travel

REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY

SIMPSON COUNTY BOARD OF EDUCATION

Name David Webster Charged to-Program/Code No cost to district
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Chairperson School/Dept. Simpson Co. Schools Date _____

Workshop/Conference Meeting 2020 KSBA Annual Conference

Date(s): Feb 21-23, 2020 Specific Location: SAH House City/State Louisville Ky

Brief description of activities: Workshops and general sessions to earn training credit hours

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
_____ an awareness level activity, X other (explain below):

Other (explanation): _____

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>KSBA</u>
Lodging _____ night(s) at \$ _____ per night		\$ _____
# of meals (reimbursed only with overnight stay) _____	Breakfasts _____	\$ _____
	Lunches _____	
	Dinners _____	
Travel _____ miles (total) at 41¢ per mile		\$ _____
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>-0-</u>

Signatures:

Prepared by Jane Ross Date 01-20-2020
Employee

[Signature] Date _____
Principal/Immediate Supervisor

Project Administrator

Central Office Use:

☒ Approved
☐ Not Approved... Reason _____

[Signature]
Superintendent

Date: 1/24/2020

Total number of previously approved days out of District for current school year _____
(This must be completed before obtaining Superintendent's approval of request.)

JAN 23 2020

PERSONNEL

03.125 AP.21

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**

Name Heidi Estes Charged to-Program/Code 00011071-0580 + 0338
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. Simpson Co. Schools Date _____

Workshop/Conference Meeting 2020 KSBA Annual Conference

Date(s) Feb 21-23, 2020 Specific Location Emb House City/State Louisville KY

Brief description of activities: Workshops and general sessions to earn training credit hours

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,

_____ an awareness level activity, X other (explain below):

Other (explanation): _____

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>390.00</u>
Lodging <u>2</u> night(s) at \$ <u>144.00</u> per night		\$ <u>288.00</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts _____	\$ <u>120.00</u>
	Lunches _____	
	Dinners _____	
Travel <u>272</u> miles (total) at 41¢ per mile		\$ <u>111.52</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>909.52</u>

Signatures:

Prepared by Jane Ross Date 01-23-2020
 Employee _____

Central Office Use:

☒ Approved
 _____ Not Approved... Reason _____

Principal/Immediate Supervisor _____ Date _____

Project Administrator _____ Date _____

[Signature]
 Superintendent
 Date: 1/23/2020

Total number of previously approved days out of District for current school year _____
 (This must be completed before obtaining Superintendent's approval of request.)

JAN 23 2020

PERSONNEL

03.125 AP.21

Authorization for Out-of-District Travel**REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY****SIMPSON COUNTY BOARD OF EDUCATION**

Name Nancy Uhlis Charged to-Program/Code 00011071-D580 + 0338
 (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. Simpson Co. Schools Date _____

Workshop/Conference Meeting 2020 KSBA Annual Conference

Date(s) Feb 21-23, 2020 Specific Location: Galt House City/State Louisville, KY

Brief description of activities: Workshops and general sessions to earn training credit hours

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,
 _____ an awareness level activity, X other (explain below):

Other (explanation): _____

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>415.00</u>
Lodging <u>3</u> night(s) at \$ <u>144.00</u> per night		\$ <u>432.00</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts _____	\$ <u>120.00</u>
	Lunches _____	
	Dinners _____	
Travel <u>272</u> miles (total) at 41¢ per mile		\$ <u>111.52</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>1078.52</u>

Signatures:

Prepared by Jane Ross Date 01-23-2020
 Employee _____

Central Office Use:

☒ Approved
☐ Not Approved... Reason _____

Principal/Immediate Supervisor _____ Date _____

Project Administrator _____ Date _____

[Signature]
 Superintendent

Date: 1/23/2020

Total number of previously approved days out of District for current school year _____

(This must be completed before obtaining Superintendent's approval of request.)

PERSONNEL

03.125 AP.21

Authorization for Out-of-District Travel

REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY

SIMPSON COUNTY BOARD OF EDUCATION

Name Jennifer Stone Charged to-Program/Code 00011071-0580+0338
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Board Member School/Dept. Simpson Co. Schools Date _____

Workshop/Conference Meeting 2020 KSBA Annual Conference

Date(s): Feb. 21-23, 2020 Specific Location: Galt House City/State Louisville, KY

Brief description of activities: Workshops and general sessions to earn training credit hours

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,

_____ an awareness level activity, X other (explain below):

Other (explanation): _____

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>415.00</u>
Lodging <u>3</u> night(s) at \$ <u>144.00</u> per night		\$ <u>432.00</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts	\$ <u>120.00</u>
	Lunches	
	Dinners	
Travel <u>272</u> miles (total) at 41¢ per mile		\$ <u>111.52</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>1078.52</u>

Signatures:

Prepared by Jane Ross Date 01-23-2020
Employee

Principal/Immediate Supervisor Date _____

Project Administrator Date _____

Total number of previously approved days out of District for current school year _____

(This must be completed before obtaining Superintendent's approval of request.)

Central Office Use:

☒ Approved
☐ Not Approved... Reason

JSR

JSR
Superintendent

Date: 1/23/2020

JAN 23 2020

PERSONNEL

03.125 AP.21

Authorization for Out-of-District Travel

REQUEST MUST BE SUBMITTED TEN (10) DAYS PRIOR TO ACTIVITY

SIMPSON COUNTY BOARD OF EDUCATION

Name Tim Schlosser Charged to-Program/Code 0011D75-0338,0580+0630
(ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)

Position Superintendent School/Dept. SCS Date _____

Workshop/Conference Meeting KSBA Annual Conference

Date(s): Feb 2023, 2020 Specific Location: Gay House City/State Louisville, Ky

Brief description of activities: Participating in workshops + general sessions to enhance school board service, training

Activity is (check one):

_____ consistent with Consolidated Plan, _____ consistent with my Professional Growth Plan,

_____ an awareness level activity, _____ other (explain below):

Other (explanation): _____

ESTIMATED EXPENSES:	TRAVEL REGULATION ON BACK OF FORM	AMOUNT
Registration (@ member cost ONLY)		\$ <u>345.00</u>
Lodging <u>3</u> night(s) at \$ <u>144.00</u> per night		\$ <u>432.00</u>
# of meals (reimbursed only with overnight stay) _____	Breakfasts _____	\$ <u>120.00</u>
	Lunches _____	
	Dinners _____	
Travel <u>272</u> miles (total) at 41¢ per mile		\$ <u>111.52</u>
Other (parking, cab fare, airfare, etc.): _____		\$ _____
Substitute _____ day(s) at \$84 per day (estimated)		\$ _____
TOTAL ESTIMATED EXPENSES		\$ <u>1008.52</u>

Signatures:

Prepared by Kate Ross Date 01-23-2020
Employee

Central Office Use:

☒ Approved
____ Not Approved... Reason

Principal/Immediate Supervisor _____ Date _____

Project Administrator _____ Date _____

[Signature]
Superintendent
Date: 1/23/2020

Total number of previously approved days out of District for current school year 9
(This must be completed before obtaining Superintendent's approval of request.)