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 Charged to-Program/Code COST TO CISTON (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE COMPLETED BEFORE APPROVAL IS GIVEN)
Position Road Chairpus School/Dept. Simpson to Schools Date
Workshop/Conference Meeting 2020 KSBA Annual Conference
Date(s): 2621-23, 2020 Specific Location: 604 House City/State Duisville K
Brief description of activities: Workshops and general sessions to earn
Activity is (check one): Training Credit hours
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)
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 \$
Signatures: <u>Central Office Use:</u>
Prepared by Jane Ross Date 01-20-2220 Approved
Employee Not Approved Reason
Date
Principal/Immediate Supervisor
Date
Project Administrator
Superintendent,
Total number of previously approved days out of District for current school year
(This must be completed before obtaining Superintendent's approval of request.)

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 HOLL ESTES	Charged	to-Program/Code 2001/8	11-0580 + 4338
(ONLY ONE NAME PER REQUEST)	(THE PROGRAM/CODE M	UST BE COMPLETED BEFORE API	PROVAL IS GIVEN)
Position Man Member	_School/Dept. MAC	son lo. Schook Date	
Workshop/Conference Meeting	2000 KSBA	Annual Confere	ence
Date(s): 125 21-23, 2020 Spe			
Brief description of activities:	Drkshops and	general sessions	to earn
Activity is (check one):	aining credit	Keurs	
consistent with Consolid	ated Plan,	consistent with my Professional	Growth Plan,
an awareness level activ	ity,	other (explain below):	
Other (explanation):			
ESTIMATED EXPENSES: 7	RAVEL REGULATIO	N ON BACK OF FORM	AMOUNT
Registration (@ member cost ON	LY)		s 390.00
Lodging 2 night(s) at \$ 44.2	•		\$ 288.00
# of meals (reimbursed only with	overnight stay)	Breakfasts	\$ 120.00
	÷	Lunches	-
		Dinners	
Travel <u>272</u> miles (total) at	41¢ per mile		\$ 111.52
Other (parking, cab fare, airfare,	etc.):		\$
Substitute day(s) at \$84 per	day (estimated)		\$
	TOTAL EST	TIMATED EXPENSES	\$909.52
Signatures:		Central Office Us	e:
Employee Pane Ross	Date <u>01-23-20-20</u>	Approved Not Approv	ved Reason
Principal/Immediate Supervisor	Date		
Project Administrator	Date	49h	L
r roject wammistratol		Superintendent	1
Total number of previously approv District for current school year	ed days out of	Date: 1 29	2020
This must be completed before obt	aining Superintendent?	ennyoyal of wagnest)	

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 Charged to-Progr (ONLY ONE NAME PER REQUEST) (THE PROGRAM/CODE MUST BE CODE	ram/Code DDD DO D D D D D D D
Position Barring Member School/Dept. Sin Son Co.	
The second secon	A
Workshop/Conference Meeting 200 RSBA ANNUC	al conterence
Date(s): 16b 21-23, 2000 Specific Location: Galt House	
Brief description of activities: Workshop 5 and 4(n)	eral sessions to earn
Activity is (check one): training Credit hours	
consistent with Consolidated Plan, consistent	with my Professional Growth Plan,
an awareness level activity, other (exp.	lain below):
Other (explanation):	
ESTIMATED EXPENSES: TRAVEL REGULATION ON BA	.CK OF FORM AMOUNT
Registration (@ member cost ONLY)	\$415.00
Lodging 3 night(s) at \$ 144.00 per night	s 43 3.∞
# of meals (reimbursed only with overnight stay) Break	cfasts \$ 120.20
Lunc	
Dinn	ers
Travel <u>272</u> miles (total) at 41¢ per mile	\$ 111.52
Other (parking, cab fare, airfare, etc.):	\$
Substitute day(s) at \$84 per day (estimated)	\$
TOTAL ESTIMATE	D EXPENSES \$ 1078.52
Signatures:	Central Office Use:
Prepared by Jane Ross Date Dt 23-2020	Approved
Employee	Not Approved Reason
Date	
Principal/Immediate Supervisor	1 0
Date	1011
Project Administrator	J811
	Superintendent
Total number of previously approved days out of District for current school year	Date: 1 23 2020
This must be completed before obtaining Superintendent's approva	l of request.)

PERSONNEL

03.125 AP.21

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

Name Jennifer Stone	Charged	o-Program/Code	071 -5 58040338
(ONLY ONE NAME PER REQUEST)		ST BE COMPLETED BEFORE AP	
Position Board Member	The second secon	740	
Workshop/Conference Meeting	2020 RSBA A	nnual Confere	ence
Date(s): 16.21-23, 220 Spe	ecific Location: <u>6211</u>	DUSE City/State	uisville, ky
Brief description of activities:	orkshops and ay	eneral sessions	to earn
Activity is (check one):	aining credit t	DUIS	
consistent with Consolid	lated Plan,co	onsistent with my Professiona	l Growth Plan,
an awareness level activ	ity,o	ther (explain below):	
Other (explanation):			
ESTIMATED EXPENSES:	FRAVEL REGULATION	ON BACK OF FORM	AMOUNT
Registration (@ member cost ON	LY)		s415.00
Lodging 3 night(s) at \$ 144	per night		\$432.00
# of meals (reimbursed only with	overnight stay)	Breakfasts	\$ 120.00
	,	Lunches	
	8	Dinners	
Travel <u>272</u> miles (total) at	t 41¢ per mile		\$111.52
Other (parking, cab fare, airfare,	etc.):		\$
Substitute day(s) at \$84 per	day (estimated)		s
	TOTAL EST	IMATED EXPENSES	\$1078.52
Signatures:		Central Office U	se:
tenared by Jane Ross	Date 01-23-2020	Approved	wed Bosson
Employee	Date	- Introduction	yed Reason
Principal/Immediate Supervisor	Date	01	
	Date	40	10
Project Administrator		Superintendent	1
Total number of previously appro- District for current school year	ved days out of	Date:	3 2020
This must be completed before ob	taining Superintendent's	annroyal of request	

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

Times Schleren	000-75 0000 -0
Name MAME PER REQUEST) (THE PROGRAM/CODE MUST	Program/Code_U D D>D338_D580 \(\) BE COMPLETED BEFORE APPROVAL IS GIVEN)
Position Superin Lendent School/Dept. SCS	Date
Workshop/Conference Meeting KSBA Annual L	
	71
Date(s): 165 2023, 2020 Specific Location: Galf Hy	OUSC City/State DUISVITE Py
Brief description of activities: Achciphing in WDI	shops + general sessions
Brief description of activities: Participating in Work Activity is (check one):	board service, training
consistent with Consolidated Plan,consi	istent with my Professional Growth Plan.
	r (explain below):
Other (explanation):	
ESTIMATED EXPENSES: TRAVEL REGULATION O	N BACK OF FORM AMOUNT
Registration (@ member cost ONLY)	\$345.00
Lodging 3 night(s) at \$ 144.00 per night	s 432.00
# of meals (reimbursed only with overnight stay)	Breakfasts \$12000
	Lunches
	Dinners
Travel 272 miles (total) at 41¢ per mile	s <u>111.52</u>
Other (parking, cab fare, airfare, etc.):	\$
Substitute day(s) at \$84 per day (estimated)	\$
	S S DOS.52
Signatures:	Central Office Use:
Hypared by Mnz Ross Date 01-23-2020	Approved
Employee	Not Approved Reason
Date	-
Principal/Immediate Supervisor	1 000
Project Administrator Date	
Troject Administrator	Superintendent /
Total number of previously approved days out of	Date: 73 2020
District for current school year	
(This must be completed before obtaining Superintendent's app	proval of request.)