

BOYD COUNTY PUBLIC SCHOOLS
Professional Meeting Attendance Form

Name of Person Applying: _____

School/Location: _____ Position: _____ Date: _____

Type of Meeting
 Description: _____

Location: _____

Departure Date: _____ Return Date: _____

Request absence from duty on the following date(s): _____ (Not absent full day – only luncheon)

From: _____ To: _____

Reason for attending: _____

Is this meeting request an activity related to the Comprehensive School Improvement Plan (CSIP) or your professional growth plan?
 (check one) _____ CSIP _____ Professional Growth Plan _____ Not Applicable

<p>FUNDING:</p> <p>School SEEK _____</p> <p>School PDC _____</p> <p>District PDC _____</p> <p>Board Expense _____</p> <p>Other (explain) _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>ESTIMATED EXPENSES:</p> <p>Registration Fee _____</p> <p>Transportation (type) _____ <small>include decimal point in mileage rate</small></p> <p>Mileage (.____ cents/mile) _____</p> <p>Meals (\$____/day) with overnight stay _____</p> <p>Lodging _____</p> <p align="right"><small>(Please strike the enter key to calculate the total)</small></p> <p>TOTAL ESTIMATED EXPENSE: _____</p> <p align="center">Substitute needed _____yes _____no</p>
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<p>Permission granted: _____yes _____no</p> <p>_____</p> <p>Principal/Director/Coordinator Signature _____</p> <p align="center">_____</p> <p align="center">Date</p>	<p>Permission granted: _____yes _____no</p> <p>_____</p> <p>Superintendent or Designee Signature _____</p> <p align="center">_____</p> <p align="center">Date</p>
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IMPORTANT – PLEASE NOTE: Please attach a copy of this completed, approved attendance form, along with a copy of your meeting agenda or itinerary to all purchase orders and reimbursement requests associated with your meeting. Payment and/or registration will be delayed if forms and receipts are not legible and complete with necessary information for processing. See the latest edition of the district travel reimbursement booklet or the Employee Handbook for further information and travel guidelines.