

GARRETT COUNTY PUBLIC SCHOOLS -- PROFESSIONAL LEAVE AND TRAVEL APPROVAL FORM (Revised 03/29/2017)

To: Karen DeVore Date: August 29, 2019
 From: Ryan Wolf

Principal or Immediate Supervisor: Support Request Non Support Initial: p.e.

Please attach announcement and schedule of meeting to this form.

On reverse side, briefly note how this meeting will benefit the School Improvement Program. (as appropriate)

Title of Meeting:	Hickory Middle School Science Activity Alignment
Meeting Place:	Garrett College (Room TBD)
Dates and Starting Time:	October 10, 2019 (1:00 PM)
Meeting Initiated by/Leader:	Ryan Wolf
Purpose of Meeting:	Develop Hickory activities aligned with NGSS Middle School Curriculum
Departure Time and Date:	n/a
Return Time and Date:	n/a

NOTES	
SUBJECT TO BOARD APPROVAL	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Approval Signature _____	Date _____
Comments	

STAFF TO ATTEND: Please list name and base school of staff planning to attend.

1. Jason Shank, HEEC	7. Angelina Simms, SX	13. Ryan Wolf, CO	19.
2. Rebecca Kenyon-Sisler, HEEC	8. Jessica Lieberman, SX	14.	20.
3. Lorie Burdock, NX	9. Kari Elliott, SX	15.	21.
4. Darren Wilburn, NX	10. Ardra Sharpless, SX	16.	22.
5. Katelyn O'Brien, NX	11. Jordan Storey, SX	17.	23.
6. Amy Beeman, SX	12. Tanner Faith, SM	18.	24.

REQUESTED REIMBURSABLE EXPENSES: Please check where appropriate and designate FUNDING SOURCE

Substitute's Salary: how many <input type="checkbox"/> days	Funding Source:
Stipends <input type="checkbox"/> days	Funding Source:
Car Rental <input type="checkbox"/>	Funding Source:
Personal Vehicle: Reason	
Mileage: Gas Reimbursement: <input checked="" type="checkbox"/> cars	Funding Source:
Travel Expenses (meals, parking, etc.):	Funding Source:
Overnight Accommodations: Name and Location of Hotel: Telephone Number: Approximately Cost/night:	Funding Source:
Other:	Funding Source:

Approval Disapproval SIGNATURE: Karen Kamauff DeVore Date: 09/04/2019

Policy DKCA (Attachment C) (This form **must be attached** to Mileage Reimbursement Request Form and Incidental Expenses Request for Reimbursement Form.)

09/04/2019 11:13:57 am Document created

I, Glenna Whetsell, hereby certify that all of the data I have entered above is accurate and complete to the best of my knowledge.

09/04/2019 12:55:35 pm Document filled out

I, Karen DeVore, hereby certify that all of the data I have entered above is accurate and complete to the best of my knowledge.

09/04/2019 12:55:35 pm Final email sent

Sent to amy.beeman@garrettcountyschools.org, angelina.simms@garrettcountyschools.org, ardra.sharpless@garrettcountyschools.org, darren.wilburn@garrettcountyschools.org, glenna.whetsell@garrettcountyschools.org, jackie.wright@garrettcountyschools.org, jason.shank@garrettcountyschools.org, jessica.lieberman@garrettcountyschools.org, jordan.storey@garrettcountyschools.org, karen.devore@garrettcountyschools.org, kari.elliott@garrettcountyschools.org, katelyn.obrien@garrettcountyschools.org, kista.wilt@garrettcountyschools.org, kristi.winters@garrettcountyschools.org, lorie.burdock@garrettcountyschools.org, rebecca.kenyon@garrettcountyschools.org, ryan.wolf@garrettcountyschools.org, sharon.hoover@garrettcountyschools.org, tanner.faiht@garrettcountyschools.org