Purpose of This Form: This form is to be completed by staff routside Howard County.	nembers who plan to attend a fu	ll day meeting, conferen	ce, or professional activity
Instructions: Print out and submit completed form Forward to appropriate Superintende The request should be submitted fifte	ent/Asst. Superintendent/Chief for	r approval	
Originator:			of the fact, in the commence of the state of
Name: Renee A. Foose, E.d.D.		Date Submitted:	Dec 20, 2012
Position/Title: Superintendent			
Phone number where you can be reache Service Area:	ed during activity: 443-277-9333	3	
Finance	Operations	Instruc	tional Services
X School Administration	Support Services		
Activity Information:	Management County of the Count	$\beta=300$), the CO and CO shows a $p_{\rm C}$, we provide that the spectrum as	Constitution of the state of th
Organization Sponsoring the Activity:	ABE		
Location of Activity: Ocean City, MD			
Contact Person: Kathy Hanks		Phone Number: 410-3	13-7194
Purpose of Activity: Professional Develo	pment		
Reason for Attending: Professional Deve	lopment		
First Day of Activity: Oct 3, 2012		Last Day of Activity:	Oct 5, 2012
Total Work Days Required (including trave	el):3		
Cost:	IFAS Account(s) to be charged	l to:	The section of accommodate section and accommodate to the section of the section
Total Cost:	Key	Object	Amount
Cost to HCPSS:	1,000,010,101	4,085,000	
Cost to Individual:			
Immediate Supervisor's Approval:	Approved		proyed
Frank J. Aquino, Chairman	May De	ezecci	17/21/12
Name	Signature		Date
Superintendent/Assistant Superintendent/Ch	nief Approval: Approved	☐ Disapp	roved
Name	Signature		Date

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

Purpose of This Form: This form is to be complete	ed by staff members who plan to atter	d a full day meeting, conferer	nce, or professional activity
outside Howard County. Instructions:			
	pleted form to your immediate supervi	sor for approval.	
 Forward to appropriate St 	uperintendent/Asst. Superintendent/C bmitted fifteen (15) days prior to the s	hief for approval.	
Originator:			5 1 252 F - W W W D 10 - 10 W D
Name: Renee A. Foose		Date Submitted:	1-4-13
Position/Title: Superintend	dent		
Phone number where you car	n be reached during activity: 443-27	7-9333	
Service Area:	· ,		
Finance	Operations	Instru	ctional Services
School Administration	Support Servi	ces	
Activity Information:			
Organization Sponsoring the	Activity: Superintendents' Strategy S	ummitt	
Location of Activity: New Yor	rk, NY		
Contact Person: Kathy Chiace	chio	Phone Number: 410-3	313-6677
Purpose of Activity: Professio	onal Development for Superintendents		
Reason for Attending: Profess	sional Development		
First Day of Activity: Jan	16, 2013	Last Day of Activity:	Jan 18, 2013
Total Work Days Required (inc	sluding travel):]	
Cost:	IFAS Account(s) to be ch	parged to:	
Total Cost: \$400.0	00 Key	Object	Amount
Cost to HCPSS: \$400.0	1,000,010,102	4,085,000	
Cost to Individual: \$.00			
Immediate Supervisor's Approva	l: Appro	ved Disap	proved
Frank Aquino, Chairman	(Moel 1	Parin	1-3-13
Name	Sign	nature	Date
Superintendent/Assistant Superir	ntendent/Chief Approval: Appro	ved Disap	proved
Name		<u> </u>	
iname	Sigr	ature	Date

10910 Route 108 · Ellicott City · Maryland 21042 Request to Attend Professional Conference

Purpose of This Form: This form is to be completed by staff moutside Howard County. Instructions:			or professional activity
Print out and submit completed form to Forward to appropriate Superintender The request should be submitted fifte	nt/Asst. Superintendent/Chief for	approval.	
Originator:			
Name: Renne A. Foose		Date Submitted:	5-15-13
Position/Title: Suprintendent			
Phone number where you can be reache	d during activity: 443-277-9333		
Service Area:			
Finance	Operations	Instruction	onal Services
⊠ School Administration	Support Services	the property of the second	
Activity Information:			
Organization Sponsoring the Activity:	arvard's Center for Education Po	licy and Research (SDP)	
Location of Activity: Cambridge, MA			
Contact Person: Kathy Chiacchio		Phone Number: 410-313	3-6677
I the second sec	shop (spring convening SDP)		
Reason for Attending: Cohort 4 Worksho	p		
First Day of Activity: 5-16-13		Last Day of Activity:	5-17-13
Total Work Days Required (including trave	el):3		
Cost:	IFAS Account(s) to be charged	d to:	Transition and the second seco
Total Cost:	Key	Object	Amount
Cost to HCPSS:			
Cost to Individual:			
Immediate Supervisor's Approval:	Approved	· HI EI	leen,
Frank Aquino	Miller		
Name	Signature		form was for
Superintendent/Assistant Superintendent/C	hief Approval: Approved		se's conference
		— and Fr	ank Aquino
Name	Signature	approve	d & signed so
FIN-Form 600		We are	d & signed so
			mank8,

Purpose of This Form: This form is to be completed by staff routside Howard County. Instructions:	nembers who plan to attend a full day meeting, confere	ence, or professional activity
· Forward to appropriate Superintende	to your immediate supervisor for approval. nt/Asst. Superintendent/Chief for approval. een (15) days prior to the scheduled event.	
Originator:		
Name: Renee A. Foose	Date Submitted	d: Jun 13, 2013
Position/Title: Superintendent		
Phone number where you can be reache	d during activity: 443-277-9333	
Service Area:		
Finance	Operations Instr	uctional Services
School Administration	Support Services	
Activity Information:		
Organization Sponsoring the Activity:	allup Education Conference	
Location of Activity: Omaha, Nebraska		
Contact Person: Krista Volzke	Phone Number: 402-	-938-6001
Purpose of Activity: Professional develop	ment to identify ultimate outcomes for education	
Reason for Attending: Superintendent of	Howard County Public School System	
First Day of Activity: Jul 16, 2013	Last Day of Activity:	Jul 19, 2013
Total Work Days Required (including trave	bl):5	
Cost:	IFAS Account(s) to be charged to:	
Total Cost: \$1,600.00	Key Object	Amount
Cost to HCPSS: \$1,600.00	100,010,102 408,500	\$1,600.00
Cost to Individual: \$.00		
Immediate Supervisor's Approval:	Approved Disa	pproved
Frank Aquino, Chairman	All leaves	6/13/13
Name	Signature	Date
Superintendent/Assistant Superintendent/Ch	nief Approval: Approved Disa	pproved
Name	Signature	Date

Purpose of This Form: This form is to be completed by staff outside Howard County. Instructions:	members who plan to attend a full day me	eting, conference, or professional activity
 Forward to appropriate Superintende 	to your immediate supervisor for approva ent/Asst. Superintendent/Chief for approva een (15) days prior to the scheduled event	I.
Originator:		
Name: Renee A. Foose	D	ate Submitted: Jun 13, 2013
Position/Title: Superintendent		
Phone number where you can be reache Service Area:	ed during activity: 443-277-9333	
Finance	Operations	Instructional Services
School Administration	Support Services	
Activity Information:		
Organization Sponsoring the Activity.	allup Education Conference	
Location of Activity: Omaha, Nebraska		
Contact Person; Krista Volzke	Phone N	umber: 402-938-6001
Purpose of Activity: Professional develop	oment to identify ultimate outcomes for ed	ucation
Reason for Attending: Superintendent of	Howard County Public School System	
First Day of Activity: Jul 15, 20	Last Da	y of Activity: Jul 19, 2013
Total Work Days Required (including trave	sI):5	
Cost:	IFAS Account(s) to be charged to:	
Total Cost: \$1,600.00	Key Objec	Amount
Cost to HCPSS: \$1,600.00	100,010,102 408,8	\$1,600.00
Cost to Individual: \$.00		
mmediate Supervisor's Approval:	Approved	Disapproved
Frank Aquino, Chairman	All lances	6/13/13
Name	Signature	Date
Superintendent/Assistant Superintendent/Ch	ief Approval: Approved	Disapproved
Name	Signature	Date

Delegation to China

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042
Request to Attend Professional Conference

Purpose of This Form: This form is to be compoutside Howard Count	pleted by staff me	embers who plan to attend a	full day meeting, conf	erence, or professional activity
Instructions:	у.			
· Print out and submit of	completed form to	your immediate supervisor	for approval.	
· Forward to appropriat	te Superintenden	t/Asst. Superintendent/Chief en (15) days prior to the sche	for approval	
Originator:	o dubinitied intee	in (13) days prior to the sche	duled event.	
Name: Renee A. Foose	∍, Ed. D.		D	Sep 12, 2013
			Date Submit	ted:
Position/Title: Superin	tendent			
Phone number where you	I can be reached	during activity: 443-277-93	33	
Service Area:	Carr be reached	during activity.		
Finance		Operations	In:	structional Services
School Administra	ation	Support Services		
Activity Information:				
Organization Sponsoring t	the Activity: Han	ban/Confucius Institute Head	dquarters	
Location of Activity: Beiji	ing, China and ot	her province/region within C	hina	
Contact Person: Ms. Trinit	ty Punn, Hanban	North America Education	Phone Number: 60	04-662-8498
Purpose of Activity: To gro	ow a rich/robust p	program along w/ partnership	os to include a multitud	e of opport. for students.
Reason for Attending: Sup	perintendent of Ho	oward County Public School	System	
First Day of Activity:	Nov 6, 2013		Last Day of Activity	Nov 14, 2013
Total Work Days Required	(including travel):	7		
Cost:	11	FAS Account(s) to be charge	ed to:	ALL COMMANDED AND A CONTROL OF THE APPEARANCE AND A STATE OF THE A
Total Cost: \$1,	400.00	Key	Object	, Amount
Cost to HCPSS: \$1,	400.00	1,000,010,102	4,085,000	\$1,900.00
Cost to Individual: \$.0	0			
mmediate Supervisor's Appro	oval:	Approved	Dis	approved
Frank Aquino, Chairman		MORN GE	ew	
Name		Signatur	е	Date
Superintendent/Assistant Supe	erintendent/Chief	Approved Approved	Dis	approved
n/a	/	1152		9/12/11
Name	<u> </u>	Signature	0-	

Negat	631 10 7 11		f===n00 0	professional activity
rpose of This Form: This form is to be completed by	v staff members who	plan to attend a full d	ay meeting, conference, o	protection
This form is to be completed by outside Howard County.	y stan morns			
outside Howard Courty		in a for a	nnroval.	
outside Howard County. tructions: Print out and submit complete Forward to appropriate Super	ed form to your mind rintendent/Asst. Sup	erintendent/Chief for a	approval. d event.	
 Print out and submit complete Forward to appropriate Supe The request should be submit 	itted fifteen (15) days	s prior to the schedule	u crom	
				9-13-13
riginator:			Date Submitted:	
Name: Renee A. Foose				
Position/Title: Superintende	nt			
Phone number where you can be considered.	during a	ctivity: 443-277-9333		
Phone number where you can be	be reached during a	Stivity.		. Lo - iono
Service Area:	_	Operations	☐ Instruction	onal Services
Finance				
School Administration		Support Services		
Activity Information:	MABE			
Organization Sponsoring the A	Activity:			
Location of Activity: Ocean C	City, MD		7 410-3	3-6677
Location of Activity.	echio		Phone Number: 410-3	
Contact Person: Kathy Chiac	,01110		- dente Administrat	ors, etc.
Contact Person: Kathy Chiac Purpose of Activity: Profession	ional Development fo	or Board Members, Su	perintendents, Administra	
Purpose of Activity:	Ollar	L for Superintendent		
1 Drotes	ssional Developmen	t for Superintendent		Oct 4, 2013
Reason for Attending:	ober 2, 2013		Last Day of Activity:	
First Day of Activity:	Ober 2, 2	3		
Total Work Days Required (i	including travel):			
Total Work Days Required (IFAS	Account(s) to be cha	rged to:	Aa.mt
Cost:	15.00	Key	Object	Amount
Total Cost:			4,085,000	\$715.00
\$7	15.00	1,000,010,102		
Cost to HCPSS:		VAC - VAC - 1/1 -		
Cost to Individual: \$.0			□ Dis	approved
Immediate Supervisor's Appr	roval:	Approv		
	. /	(10)	My	Date
Frank Aquino, Chairman, E	30E	Sign	nature	200
Name			□ Di	sapproved / /
Superintendent/Assistant Su	uperintendent/Chief /	Approval: Appro	ved	9/23/13
		(11) W	0	Date
Dr. Renee A. Foose, Supe	erintendent	Sic	nature	Date
Name		318	Jilataro	

Request to Atterior
bors who plan to attend a full day meeting, control of the control
Purpose of This Form: This form is to be completed by staff members who plan to attend a full day meeting, conference, or professional activity outside Howard County. Instructions: Print out and submit completed form to your immediate supervisor for approval. Forward to appropriate Superintendent/Asst. Superintendent/Chief for approval. The request should be submitted fifteen (15) days prior to the scheduled event. Oct 22, 2013
- Forward to appropriate - The request should be submitted fifteen (13) days propriate the submitted fifteen (13)
Originator:
Renee A. Foose
Name:
Position/Title: Superintendent 443-277-9333
Phone number where you can be reached during Instructional Services
Service Area: Operations
☐ Finance ☐ Support Services
School Administration
the Activity:
Organization Sponsoring the Activity Location of Activity: Ocean City, MD Phone Number: 410-313-6677
Phone Number
Kathy Chiacchio
Contact Person.
Purpose of Activity: Annual Retreat for State Superintendents Professional Development Professional Development
Purpose of Activity: Professional Development Reason for Attending: Oct 31, 2013 Last Day of Activity: Nov 1, 2013
First Day of Activity:
Total Work Days Required (including travel): IFAS Account(s) to be charged to: Amount
Object
Cost: \$310.00 Key 4,085,000 \$310.00
Total Cost: 1,000,010,102 4,000,95 \$.00
Coat to HCPSS:
Seet to Individual: Stanproved Disapproved
Supervisor's Approval.
1 1/1 Play
Frank J. Aquino, Chairman Signature Name
Superintendent/Assistant Superintendent/Chief Approval: Approved Date
Superintendent Signature Signature
Renee A. Foose, Supering
Name Ver 8.0

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

Purpose of Thi		sompleted by staff		_ 1111	full day manting and	anaman an madanaismal antivit
outside Ho			embers who pla	n to attend a	full day meeting, confe	erence, or professional activity
Instructions:	mara o	ourry.				
		mit completed form				
		priate Superintender ald be submitted fifte				
Originator:			on (ro) dayo pino			
Name: Rer	nee A. F	oose			Date Submit	11-15-13
	Cur	arintandant			Date Galline	
Position/Title	: ===	perintendent				
Phone numb	er where	e you can be reache	d during activity:	443-277-93	33	
Service Area	:					
☐ Finar	nce		Oper	ations	In	structional Services
⊠ Scho	ool Admi	nistration	Supp	ort Services		
Activity Informa	tion:	THE STATE OF THE PROPERTY OF T	NOT ME THE PERSON OF THE PERSO		a parameterasean Auditapi. Param Parameterasean (m. 14.). Salatina and Accident did 100 (1000) "To. 1000)	B. C.
Organization	Sponso	oring the Activity: So	uth By Southwes	t Education ((SXSWE)	
Location of A	ctivity:	Austin, TX				
Contact Perso					Phone Number: 4	10-313-6677
AND RESIDENCE OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE	erocenten. Outditumen en	Appual Educational (`onforonco	The second secon		
Purpose of Ac	tivity: L	Annual Educational (Jonnerence			
Reason for At	tending:	Presenting as men	nber of a panel			
First Day of A	ctivity: _	3-3-14			Last Day of Activit	ty: 3-6-14
Total Work Da	ıys Reqi	uired (including trave	I):4			
Cost:			IFAS Account(s) to be charg	ed to:	
Total Cost:	4	\$.00	Key		Object	Amount
Cost to HCPS	S:	\$,00				
Cost to Individ	lual:	\$.00				
Immediate Supe	ervisor's	Approval:	26	Approved	, _ D	isapproved
Frank J. Aquin	io, Chaii	rman	1	1 les	-	
	Nam	e		Signatu	ire	Date
Superintendent/	Assistar	nt Superintendent/Ch	ief Approval:	Approved	_ D	isapproved
Dr. Renee A. F	Foose, S	Superintendent	1	lex		
	Nam		7)	Signatu	ire	Date

10910 Route 108 · Ellicott City · Maryland 21042
Request to Attend Professional Conference

Purpose of This F This form is to outside Howa	o be completed by staff me	embers who plan to attend a	full day meeting, confere	ence, or professional activity
Instructions:	ard County.			
· Print out and	d submit completed form to	o your immediate supervisor	for approval.	
· Forward to a	appropriate Superintenden	t/Asst. Superintendent/Chie	for approval.	
	should be submitted tiftee	en (15) days prior to the sche		
Originator:				12-6-13
Name: Renee	e A. Foose		Date Submitte	d:
Position/Title:	Superintendent			
Phone number	where you can be reached	during activity: 443-277-9	333	
Service Area:	*			
Finance	e	Operations	☐ Inst	ructional Services
School	Administration	Support Services	i	
Activity Informatio	n:			
Organization St	oonsoring the Activity: Dis	trict Management Council		
Location of Acti	vity: New York, NY			
Contact Person:	Kathy Chiacchio		Phone Number: 410	0-313-6677
Purpose of Activ	rity: To help district leader	rs implement sustainable, m	easurable performance in	mprovements.
Reason for Atter	nding: Professional Devel	opment for Superintendents		
First Day of Acti	vity: Jan. 16, 2014		Last Day of Activity	Jan. 17, 2014
Total Work Days	Required (including trave	I): 3		
Cost:		IFAS Account(s) to be char	ged to:	and described and the site of the second of the second \$10
Total Cost:	\$180.00	Key	Object	Amount
Cost to HCPSS:	\$180.00	1,000,010,101	4,085,000	\$180.00
Cost to Individua	\$.00			
Immediate Superv	visor's Approval:	Approve	d Dis	sapproved
Ellen Flynn	Giles, Chairman	July The	Sile	12/15/2013
	Name	Signer	ture	Date
Superintendent/As	ssistant Superintendent/Ch	nief Approval: Approve	d 🔲 Dis	sapproved
D. D	and Comprised and	MI		12/10/13
Dr. Kenee A. Fo	ose, Superintendent Name	Signa	ture	Date

FILE COPY

outside Howard County. Instructions:		meeting, conference, or professional activity
 Print out and submit completed form to Forward to appropriate Superintenden The request should be submitted fiftee 	t/Asst. Superintendent/Chief for appro	oval.
Originator:		
Name: Renee A. Foose		Date Submitted: 3-26-14
Position/Title: Superintendent		
Phone number where you can be reached	during activity: 443-277-9333	
Service Area:		
Finance	Operations	Instructional Services
School Administration	Support Services	
Activity Information:		
Organization Sponsoring the Activity. Nat	ional School Boards Association	
Location of Activity: New Orleans, LA		
Contact Person: Kathy Chiacchio	Phon	ne Number: 410-313-6677
Purpose of Activity: National Conference	of School Board Members and Super	rintendents
Reason for Attending: Professional development	ppment	
First Day of Activity: April 5, 2014	Las	t Day of Activity: April 7, 2014
Total Work Days Required (including trave):3	
Cost:	IFAS Account(s) to be charged to:	
Total Cost: \$2,821.00	Key O	bject Amount
Cost to HCPSS: \$2,821.00	1,000,010,102 4	,085,000 \$2,821.00
Cost to Individual: \$.00		
Immediate Supervisor's Approval:	Approved	Disapproved
(Con		3/27/14
Name	Signature	Date
Superintendent/Assistant Superintendent/Ch	jef Approval: Approved	Disapproved
Eller Hon In	1,	n Oiles 3/27/14
Name	Signature	Date

A F

Howard County Public School System 10910 Route 108 · Ellicott City · Maryland 21042



Request to Attend Professional Conference

Purpose of This Form: This form is to be completed by	staff members who plan to atte	nd a full day meeting, confere	nce, or professional activity
outside Howard County.			
Instructions: Print out and submit complete	d form to your immediate super	visor for approval.	
 Forward to appropriate Super 	intendent/Asst. Superintendent/6	Chief for approval.	
	ted fifteen (15) days prior to the	Scrieduled event.	
Originator:			4-15-14
Name: Renee A. Foose		Date Submitted	d: L
Position/Title: Superintenden			
Phone number where you can be	reached during activity: 443-2	77-9333	
Service Area:			
Finance	Operations	Inst	ructional Services
School Administration	Support Ser	vices	
Activity Information:	Name of the Assessment of Market Co. And a parameters on the Co. And Assessment Co. And A		
Organization Sponsoring the Acti	vity: Harvard/Cohort 4		
Location of Activity: Boston, MA			
Contact Person: Kathy Chiacchia		Phone Number: 410	0-313-6677
	The second secon	ALLES AND THE STATE OF THE STAT	and the state of t
Purpose of Activity: Strategic Da	ta Project Cohort 4		
Reason for Attending: Profession	nal Development		
First Day of Activity: 4-22	-14	Last Day of Activity	4-24-14
Total Work Days Required (include	ling travel):		
Cost:	IFAS Account(s) to be	charged to:	
Total Cost: \$.00	Key	Object	Amount
Cost to HCPSS: \$.00			
Cost to Individual: \$.00			
Immediate Supervisor's Approval:	- Z ⊠ App	proved / Dis	sapproved
Ellen Flynn Giles, Chairman	8711	Flor Sille	4/15/2014
Name	- Calla	Signature	Date
Superintendent/Assistant Superinte	endent/Chief Approval: App	proved Dis	sapproved
		$\gamma \gamma \sim 1$	4/11/14
Dr. Renee A. Foose, Superintend		Signature	Date

Purpose of This Form: This form is to be completed by staff routside Howard County.	nembers who plan to attend a	full day meeting, confere	ence, or professional activity
Instructions: Print out and submit completed form Forward to appropriate Superintende The request should be submitted fifte	ant/Asst. Superintendent/Chief	for approval.	
Originator:	seri (10) days prior to the serie		and the second former and the second
Rence A Foose			May 23, 2014
Name:		Date Submitted	d:
Position/Title: Superintendent			
Phone number where you can be reached	ed during activity: 443-277-93	333	
Service Area:			
Finance	Operations	☐ Instr	ructional Services
School Administration	Support Services		
Activity Information:			
Organization Sponsoring the Activity:	RDI (Education Research & D	evelopment Institute)	
Indianandia Indian	19		
Location of Activity.			
Contact Person: Jon Dulle		Phone Number: 815	-588-1112
Purpose of Activity: ERDI II Summer Ins	titute/Superintendent Dialogue	e Forum	
Reason for Attending: Superintendent of	Howard County Public School	l System	
First Day of Activity: Jul 15, 2014		Last Day of Activity:	Jul 20, 2014
Total Work Days Required (including trave	əl):4		
Cost:	IFAS Account(s) to be charg	ged to:	
Total Cost: \$.00	Key	Object	Amount
Cost to HCPSS: \$.00	100,010,102	408,500	\$1,600.00
Cost to Individual: \$.00			
Immediate Supervisor's Approval:	Approved	Disa	approved
Ellen Flynn Giles, Chairman	Tollow F	to Tile	
Name	Signati	ire	Date
Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved			
Dr. Renee A. F. se, Superintendent	Mak.	m	5/27/14
Name	Signatu	ile /	/ Date/ /

Purpose of This Form: This form is to be completed by staff moutside Howard County.	nembers who plan to attend a full	day meeting, conference, or p	rofessional activity
Instructions:			-
· Print out and submit completed form t			
Forward to appropriate Superintender The request should be submitted fifter			*
Originator:	en (15) days prior to the schedule		
Renee A Foose			ul 16, 2014
Name.		Date Submitted:	
Position/Title: Superintendent			
Phone number where you can be reached	d during activity: 443-277-9333		
Service Area:		V.	50
Finance	Operations	Instructional S	Services
School Administration	Support Services		
Activity Information:	Market Land Andrew Control of the Co		
Organization Sponsoring the Activity: Har	rvard University		
Location of Activity: Boston			
Contact Person: Kathy Chiacchio	F	Phone Number: 410-313-667	7
Purpose of Activity: Strategic Data Projec	t Cohort 4 Graduation Workshop		
Reason for Attending: Professional Develo	opment as a Cohort Member		
First Day of Activity: Aug 20, 2014	_ aug 20 √	Last Day of Activity: Au	g 21, 2014
Total Work Days Required (including travel	1):2		
Cost:	IFAS Account(s) to be charged t	to:	and the second s
Total Cost: \$.00	Key	Object	Amount
Cost to HCPSS: \$.00			
Cost to Individual: \$.00			
Immediate Supervisor's Approval:	Approved	Disapproved	
Ellen Flynn Giles, Chairman	Collenter	in fells	<u> </u>
Name	Signature	•	Date
Superintendent/Assistant Superintendent/Chi	ief-Approval: Approved	Disapproved	
Renee A. Foose	Lec M	7/	21/14
Name	Signatúre		Date

10910 R	County Public School oute 108 · Ellicott City · Marylar to Attend Professional Co	nd 21042	_
outside Howard County. Instructions: Print out and submit completed form Forward to appropriate Superintende	members who plan to attend a full day me to your immediate supervisor for approve ent/Asst. Superintendent/Chief for approve een (15) days prior to the scheduled even	al.	
Originator:		-	
Name: Renee A. Foose	D	pate Submitted: Sep 30, 2014	
Position/Title: Superintendent			
Phone number where you can be reache	443-277-9333		
Service Area:	ed during activity.		
Finance	Operations	☐ Instructional Services	*
School Administration	Support Services		
Activity Information:			
Organization Sponsoring the Activity:	ABE		
Location of Activity: Ocean City, MD			
Contact Person: Kathy Chiacchio	Phone N	lumber: 410-313-6677	
Purpose of Activity: Professional Develop	pment		
Reason for Attending: Professional Deve	lopment for Senior Staff		
First Day of Activity: Oct 1, 2014	Last Da	ay of Activity: Oct 3, 2014	
Total Work Days Required (including trave	el): 3		
Cost:	IFAS Account(s) to be charged to:		
Total Cost: \$1,000.00	Key Object	et Amount	
Cost to HCPSS: \$1,000.00	1,000,010,102 4,085	\$1,000.00	
Cost to Individual: \$.00			
Immediate Supervisor's Approval:) Disapproved	
Ellen Giles, Chairman	Tollen Flormit	files 10/06/2014	
Name	Signature	Date	
Superintendent/Assistant Superintendent/Ch	nief Approval: Approved	Disapproved	
Dr. Renee A. Foose, Superintendent	· Ku C. on	10/7/14	
Ņame	Signature	Date	

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

Purpose of This Form: This form is to be completed by staff n	nembers who plan to attend a ful	I day meeting, conference, or profes	sional activity
outside Howard County. Instructions:			
Print out and submit completed form	to your immediate supervisor for	annroval	
 Forward to appropriate Superintende 	nt/Asst. Superintendent/Chief for	approval.	** ** ** ** ** ** ** ** ** ** ** ** **
· The request should be submitted fifte	een (15) days prior to the schedu	ed event.	
Originator:			
Name: Renee A. Foose		Date Submitted: Nov 10	0, 2014
Superintendent		Bute outstitted.	
Position/Title: Superintendent			
Phone number where you can be reache	d during activity: 443-277-9333		
Service Area:	d duling activity.		
Finance	Operations		
		Instructional Service	æs
School Administration	Support Services		No. 5, down to the second deposit of
Activity Information:		S. S. S. BERTWISS	nional ach /iry
Organization Sponsoring the Activity: U.	S. Dept. of Education		
Location of Activity: Washington, D.C.			To W
		440 040 0077	- 1.1. T - 1.
Contact Person: Kathy Chiacchio		Phone Number: 410-313-6677	
Purpose of Activity: Sharing the challeng	es and successes of implementing	ng digital education;;;કાર્યા કરિયા મા	1,2014
Invited as a memb	er of the Future Ready Superinte	ndont Summit	E TOTAL THE MAN STREET HER E TO GROUP
Reason for Attending:	er of the Future (Yeady Superinte	nuent Summit	
First Day of Activity: Nov. 19, 2014		Last Day of Activity: Nov. 19,	2014
Total Work Days Required (including trave	I):1		ud te
Cost:	IFAS Account(s) to be charged		5- 47
Total Cost: \$70.00	Key	Object Amou	int
Cost to HCPSS: \$70.00	1,000,010,101	Object Amou 4,085,000 \$70.00	
\$ 00			
Cost to Individual.		\$70.00	
Immediate Supervisor's Approval:		Disapproved	-
Ellen Flynn-Giles	lon- Dies		1.4
Name	Signature		<u> </u>
	-	, Dat	7
Superintendent/Assistant Superintendent/Ch	ief Approval: Approved	☐ Disapproved	
Dr. Renee A. Foose, Superintendent	1/4. 1. h	- 1910/a	7
Name	Signature	Date	e
	/		

Instructions: Print out and submit completed form to your immediate supervisor for approval. Porward to appropriate Superintendent/Asst. Superintendent/Chief for approval. The request should be submitted fifteen (15) days prior to the scheduled event. Originator: Name: Renee Fcose	Purpose of This Form: This form is to be completed by staff m	nembers who plan to attend a full day	meeting, conferen	ce, or professional activity
Print out and submit completed form to your immediate supervisor for approval. Forward to appropriate Superintendent/Assi. Superintendent/Chief for approval. The request should be submitted fifteen (15) days prior to the scheduled event. Originator: Name: Renee Foose Date Submitted: Nov 10, 2014 Position/Title: Phone number where you can be reached during activity: Phone number where you can be reached during activity: Phone number where you can be reached during activity: Service Area: Finance Operations Support Services Activity Information: Organization Sponsoring the Activity: Location of Activity: Evofessional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Total Work Days Required (including travel): Septiment of the Cost: Total Cost: Total Cost: Total Cost: Septiment of Approval: Name Signature Signature Date Disapproved Di	outside Howard County.			
Forward to appropriate Superintendent/Assi. Superintendent/Chief for approval. The request should be submitted fifteen (15) days prior to the scheduled event. Originator: Name: Renee Foose	The state of the s	to your immediate supervisor for appro	oval.	
Originator: Name: Renee Foose	 Forward to appropriate Superintender 	nt/Asst. Superintendent/Chief for appr	oval.	
Name: Renee Foose		en (15) days prior to the scheduled ev	ent.	
Position/Title: Phone number where you can be reached during activity: 443-277-9333	Originator:	(4)		
Position/Title: Phone number where you can be reached during activity: Phone number where you can be reached during activity:	Name: Renee Foose		Date Submitted:	Nov 10, 2014
Phone number where you can be reached during activity: Service Area:	Position/Title: Superintendent			
Service Area: Finance		443-277-9333		
Finance	5	d during activity:	**************************************	
School Administration Support Services Activity Information: Organization Sponsoring the Activity: Harris Manchester College of Oxford University Location of Activity: Oxford, England Contact Person: Kathy Chiacchio Phone Number: 410-313-6677 Purpose of Activity: Professional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Last Day of Activity: Mar 19, 2015 Total Work Days Required (including travel): 5 Cost:				release from the constraint of the constraint of
Activity Information: Organization Sponsoring the Activity: Location of Activity: Contact Person: Kathy Chiacchio Phone Number: Professional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Total Work Days Required (including travel): Total Cost: S2,595.00 Key Object Amount Cost to HCPSS: S2,595.00 Cost to Individual: \$0.00 Immediate Supervisor's Approval: Approved Disapproved	Finance	Operations	Instru	ctional Services
Organization Sponsoring the Activity: Location of Activity: Contact Person: Kathy Chiacchio Phone Number: Professional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Last Day of Activity: Mar 19, 2015 Total Work Days Required (including travel): Cost: Total Cost: \$2,595.00 Key Object Amount Cost to HCPSS: \$2,595.00 Inmediate Supervisor's Approval: Approved Disapproved Dr. Renee A. Foose, Superintendent/Chief Approval: Approved Dr. Renee A. Foose, Superintendent		Support Services	4	
Location of Activity: Oxford, England Contact Person: Kathy Chiacchio Phone Number: 410-313-6677 Purpose of Activity: Professional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Last Day of Activity: Mar 19, 2015 Total Work Days Required (including travel): 5 Cost: Total Cost: \$2,595.00 Key Object Amount Cost to HCPSS: \$2,595.00 I,000,010,102 4,085,000 \$2,595.00 Cost to Individual: \$.00 Signature Disapproved				on Critical Graduations, Chapter .
Contact Person: Kathy Chiacchio Phone Number: 410-313-6677 Purpose of Activity: Professional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Total Work Days Required (including travel): 5 Cost: IFAS Account(s) to be charged to: Total Cost: \$2,595.00 Key Object Amount Cost to HCPSS: \$2,595.00 1,000,010,102 4,085,000 \$2,595.00 Cost to Individual: \$.00 \$.00 Disapproved Immediate Supervisor's Approval: Approved Disapproved Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved Dr. Renee A. Foose, Superintendent	Organization Sponsoring the Activity: Ha	rris Manchester College of Oxford Uni	iversity	924
Contact Person: Kathy Chiacchio Phone Number: 410-313-6677 Purpose of Activity: Professional Development and Conference Reason for Attending: Recieved request to present at conference. First Day of Activity: Mar 15, 2015 Total Work Days Required (including travel): 5 Cost: IFAS Account(s) to be charged to: Total Cost: \$2,595.00 Key Object Amount Cost to HCPSS: \$2,595.00 1,000,010,102 4,085,000 \$2,595.00 Cost to Individual: \$.00 \$.00 Disapproved Immediate Supervisor's Approval: Approved Disapproved Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved Dr. Renee A. Foose, Superintendent	Location of Activity: Oxford, England			
Purpose of Activity: Recieved request to present at conference. First Day of Activity: Mar 15, 2015	Contact Person: Kathy Chiacchio	Phon	e Number: 410-3	13-6677
First Day of Activity: Mar 15, 2015 Total Work Days Required (including travel): 5 Cost: Total Cost: \$2,595.00 Key Object Amount Cost to HCPSS: \$2,595.00 1,000,010,102 4,085,000 \$2,595.00 Cost to Individual: \$.00 \$.00 Immediate Supervisor's Approval: Approved Disapproved Name Signature Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved Dr. Renee A. Foose, Superintendent	Purpose of Activity: Professional Develop	ment and Conference		1.5.700.70.7014
Total Work Days Required (including travel): Total Work Days Required (including travel):	Reason for Attending:	o present at conference.	9 31	
Total Work Days Required (including travel): Total Cost: Total Cost: Cost to HCPSS: Cost to Individual: Supervisor's Approval: Name Signature Supervisor Approved Disapproved Disapproved Disapproved Disapproved Disapproved Disapproved Disapproved Disapproved Disapproved	First Day of Activity: Mar 15, 2015	Last	Day of Activity:	Mar 19, 2015
Total Cost: \$2,595.00 Key Object Amount Cost to HCPSS: \$2,595.00 1,000,010,102 4,085,000 \$2,595.00 Cost to Individual: \$.00 \$.00 Immediate Supervisor's Approval: Approved Disapproved Name Signature Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved Dr. Renee A. Foose, Superintendent	Total Work Days Required (including trave	1):5		sand Services
Cost to HCPSS: \$2,595.00	Cost:	IFAS Account(s) to be charged to:		
Cost to Individual: Supervisor's Approval: Name Signature Superintendent/Assistant Superintendent/Chief Approval: Dr. Renee A. Foose, Superintendent \$.00 \$.00 Disapproved Disapproved Disapproved Disapproved	Total Cost: \$2,595.00	Key Ot	oject	Amount
Immediate Supervisor's Approval: Approved Disapproved Name Signature Disapproved Disapproved Date Superintendent/Assistant Superintendent/Chief Approval: Dr. Renee A. Foose, Superintendent	Cost to HCPSS: \$2,595.00	1,000,010,102 4,6	085,000	\$2,595.00
Name Signature Superintendent/Assistant Superintendent/Chief Approval: Dr. Renee A. Foose, Superintendent	Cost to Individual: \$.00			\$.00
Name Signature Superintendent/Assistant Superintendent/Chief Approval: Dr. Renee A. Foose, Superintendent	Immediate Supervisor's Approval:	Approved	☐ Disap	proved
Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved Dr. Renee A. Foose, Superintendent	Then Flow	Jeles		
Dr. Renee A. Foose, Superintendent	Name	Signature		Date
Dr. Renee A. Foose, Superintendent	Superintendent/Assistant Superintendent/Ch	ief Approval: Approved	Disap	proved
	Dr. Renee A. Foose, Superintendent	This		10.23.5
subtile to the s		Signature		Date

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

This form is to be completed by staff m	embers who plan to attend a full day m	eeting, conference, or professional activity
outside Howard County. Instructions:		
· Print out and submit completed form t	o your immediate supervisor for approv	ral.
 Forward to appropriate Superintender 	nt/Asst. Superintendent/Chief for approv	/al.
· The request should be submitted fiftee	en (15) days prior to the scheduled eve	nt.
Originator:		
Name: Renee A. Foose		Date Submitted: Nov 11, 2014
		Date Submitted.
Position/Title: Superintendent		
Phone number where you can be reached	d during activity: 443-277-9333	
Service Area:		A Maria San San San San San San San San San Sa
Finance	Operations	Instructional Services
School Administration	Support Services	The second section of the second section is a second section of the second section (second section (second sec
Activity Information:		sence, or professional activity
Organization Sponsoning the Activity.	vard Graduate School of Education	
Location of Activity: San Diego State Uni	versity	
Contact Person: Kathy Chiacchio	Phone	Number: 410-313-6677
Purpose of Activity: Convening to strength	nen school counseling and college advi	sing. 0.20 1 (109.1). 2014
Reason for Attending: Presenting on our s	tudent data initiative	
First Day of Activity: Nov 17, 2014	Last D	Pay of Activity: Nov. 18, 2014
Total Work Days Required (including travel):	usinald Cervices
Cost:	IFAS Account(s) to be charged to:	Section of the Control of the Contro
Total Cost: \$.00	Key Obje	ect Amount
Cost to HCPSS: \$.00		ect Amount
Cost to Individual: \$.00		1
Immediate Supervisor's Approval:		Disapproved 7
Ellen Flynn-Giles, Chairman	Teller Show &	ilis 11/11/14
Name	Signature	Date
Superintendent/Assistant Superintendent/Chi	ef Approval: Approved	Disapproved
Renee A. Foose, Superintendent	/ / n.m.	- [1/u/14
Name	Signature	Date

Request to Attend Professional Conference

Howard County Public School System
10910 Route 108 · Ellicott City · Maryland 21042 Request to Attend Professional Conference
Request to Attend Professional Comercials
Purpose of This Form: This form is to be completed by staff members who plan to attend a full day meeting, conference, or professional activity outside Howard County. Instructions: Print out and submit completed form to your immediate supervisor for approval. Forward to appropriate Superintendent/Asst. Superintendent/Chief for approval. The request should be submitted fifteen (15) days prior to the scheduled event.
Originator: Dec 18, 2014
Name: Renee A. Foose Date Submitted: Dec 18, 2014
Position/Title: Superintendent
Phone number where you can be reached during activity: 443-277-9333
Service Area:
Finance Operations Instructional Services
School Administration Support Services
Activity Information:
Organization Sponsoring the Activity: District Management Council
Location of Activity: New York City
Contact Person: Kathy Chiacchio Phone Number: 410-313-6677
Purpose of Activity: Superintendents' Strategy Summit
Reason for Attending: Professional development to implement measurable performance improvements
First Day of Activity: Jan 14, 2015 Last Day of Activity: Jan 16, 2015
Total Work Days Required (including travel): 3
Cost: IFAS Account(s) to be charged to:
Total Cost: \$315.00 Key Object Amount
Cost to HCPSS: \$315.00 1,000,010,102 4,085,000 \$315.00
Cost to Individual:
Immediate Supervisor's Approval: Approved Disapproved
Janet Siddiqui, Chairman BOE 12-18-14
Name Signature Date
Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved
Renee A. Foose
Name Signature Date

FILE 10910 Route 108 · Ellicott City · Maryland 21042 Request to Attend Professional Conference

Purpose of This Form: This form is to be completed by staff no outside Howard County. Instructions: Print out and submit completed form Forward to appropriate Superintende The request should be submitted fifte	to your immediate supervisor nt/Asst. Superintendent/Chie	for approval. f for approval.	ence, or professional activity
Originator:			
Name: Renee A. Foose		Date Submitte	Dec. 18, 2014
Position/Title: Superintendent			
Phone number where you can be reache	d during activity: 443-277-9	333	
Service Area:			
Finance	Operations	Inst	ructional Services
School Administration	Support Services		
Activity Information:	angain na angain an angain ang ang ang ang ang ang ang ang ang an		
Organization Sponsoring the Activity:	SBA		
Location of Activity: Nashville, TN			
Contact Person: Kathy Chiacchio		Phone Number: 410)-313-6677
Purpose of Activity: Professional Develop	oment for Board Members, St	uperintendents, Administ	rative Staff, etc.
Reason for Attending: Presenting on stud	ent achievement by building,	engagement, hope and	well-being
First Day of Activity: March 20, 2015		Last Day of Activity:	Mar 23, 2015
Total Work Days Required (including trave	el): 4	Vi	
Cost:	IFAS Account(s) to be charge	ged to:	
Total Cost: \$1,850.00	Key	Object	Amount
Cost to HCPSS: \$1,850.00	1,000,010,102	4,085,000	\$1,850.00
Cost to Individual: \$1,850.00			
Immediate Supervisor's Approval:	Approved	I Dis	approved
Janet Siddiqui, Chairman	- And S	sewym .	12-19-14
Name	Signat	ure	Date
Superintendent/Assistant Superintendent/Ch	nief Appreval: Approved	Dis	approved
Renee A. Foose	(Lal	h_	1417/18
Name	Signat	ufe	Ďate

10910 Route 108 · Ellicott City · Maryland 21042
Request to Attend Professional Conference

Purpose of This For This form is to outside Howard	be completed by staff mer	nbers who plan to attend a	full day meeting, confere	nce, or professional activity
Instructions: Print out and submit completed form to your immediate supervisor for approval. Forward to appropriate Superintendent/Asst. Superintendent/Chief for approval. The request should be submitted fifteen (15) days prior to the scheduled event.				
Originator:			* (and the last)	
Name: Renee A	A. Foose		Date Submitted	Jan 8, 2015
Position/Title:	Superintendent			
Phone number wi	here you can be reached o	during activity: 443-277-93	333	
Service Area:				
Finance		Operations	Instr	uctional Services
School A	dministration	Support Services	102 (42) 1 (2)40	* * *
Activity Information:				
Organization Spo	nsoring the Activity: Amer	ican Assoc. of School Adm	ninistrators	
Location of Activit	y: San Diego, CA			
Contact Person:	Kathy Chiacchio		Phone Number: 410	-313-6677
Purpose of Activity	AASA National Confere	nce/professional developm	nent for national school le	eaders
Reason for Attend	ing: Doing a presentation	on raising the bar for all st	udents through internatio	nal benchmarking
First Day of Activity	y: Feb 26, 2015]	Last Day of Activity:	Feb 28, 2015
Total Work Days R	Required (including travel):	4		
Cost:		FAS Account(s) to be charg	ged to:	1000
Total Cost:	\$2,200.00	Key	Object	Amount
Cost to HCPSS:	\$2,200.00	1,000,010,102	4,085,000	\$2,200.00
Cost to Individual:	\$.00			
Immediate Supervise	or's Approval:		Disa	approved
Janet Siddiqui, Cha	airman	- Jamet St.	dyn My	1-14-15
N	lame	Signatu	ure	Date
Superintendent/Assistant Superintendent/Chief Approval: Approved Disapproved				
Renee A. Foose, S		Le Co	h	1/13/15
N	lame	Signett	лө	Date



10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

Purpose of This Form: This form is to be completed activity outside Howard County	by staff members who plar	n to attend a full day meeting, confe	rence, or professional
Instructions: Print out and submit compForward to appropriate SupPlease submit request fifte	leted form to your immedia perintendent/Deputy Super en (15) days prior to the so	rintendent/Chief for approval. cheduled event, if possible.	
Originator:	Months Court out to the section of the section of the section of	7 TO BELLIAN TO BANGE THAT SEED TO ALL TO THE PROPERTY OF THE SECURE OF THE	edi. This 1998 has entreperated brother company, trustery
Name: Renee A. Foose	, Ed.D.	Date Submitte	ad: 3/4/15
Position/Title: Superintender	ıt	Date daprilite	
Department/Office/School:	Superintendent		
Activity Information:	lianean marke and extensive in any experiency	APPEARATURE THE RESTRICTION OF A STANDARD AND A TEST PORT OF AN AREA	e notal organization de la company de la
Organization Sponsoring the	Activity: Communi	cations	
	York, NY	odiono	
Contact Person: Rebecca		Phone Number	. 410-440 2770
and a superior of the contract	TO ANTHONOR SERVICES AND CONTRACTOR	Priorie Number	. 410-440-2770
Purpose of Activity: Media	a Outreach		
Reason for Attending:			
First Day of Activity: 3/12/1	15	Leat Day of Asticity	3/13/15
That bay of Activity.		Last Day of Activity:	3/13/13
Total Work Days Required (in	ncluding travel): 2		
Cost:	TO THE LAST STELL , CATED LAST CANDELLES.	BETORNE WITH A SOUTH CONTROL OF THE A CONTROL	en al Composition de la composition della compos
Account(s) to be charged:			Co. target
Key	Object		A
1000010102	4085000		Amount 700.00
			700.00
		-	
If D. Cond	and the second second	,	
ii P-Card	used, please enter last 7780		700.00
	7700	HCPSS Total:	700.00
		Cost to Individual:	£ 700.00
a terantural verse caet sit consistente i indeseanceun eciaes con testente	್ ಕ್ರೌಮ್ ನಡು ಆ ಮಾರ್ವ್ ಕರ್ನಾಗಿ ಪ್ರಾರಂಭಿಸಲ್ ಪ್ರವಾಣವನ್ನು	Total Cost:	Φ 700.00
mmediate Supervisor's Approval:		Approved Disapp	roved
Janet Siddiqui, M.D. Chair,	BOF	Anthitone	2 15 15
Name		Signature	
superintendent/Deputy Superinten	dent/Chief Approval	Approved Disapp	
n/a			
Name		Signature	Date

10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

COPY

Purpose of This Form: This form is to be completed by staff members who plan to attend a full day meeting, continuity outside Howard County. Instructions:	onference, or professional
 Print out and submit completed form to your immediate supervisor for approval. Forward to appropriate Superintendent/Deputy Superintendent/Chief for approval. Please submit request fifteen (15) days prior to the scheduled event, if possible. 	MA SENTEN, JORGANIS, MA STATININIS NING SANGERING SERVICE, IN THE NEW PROPERTY OF THE SEN
Originator: Name: Renee A. Foose Date Substitution/Title: Superintendent	omitted: 10/28/15
Department/Office/School: Office of the Superintendent	
Activity Information: Organization Sponsoring the Activity: America Achieves Global Learning America Achieves Global Learning	g Network
Location of Activity: The Omni Shoreham Hotel, Washington, DC Contact Person: Carolyn Trager Kliman, Senior Director Phone Nu	ımber: 917-696-6113
Purpose of Activity: To gain deeper understanding of OECD Test for Schools results Reason for Attending: Panelist: System Leaders from the US & UK will di First Day of Activity: 11/12/15 Last Day of Activity: 2	scuss OECD Test
Total Work Days Required (including travel): 2	nem voca wine garan and standarder excepts on the second s
Cost:	Amount
If P-Card used, please enter last four digits: 7780 Cost to Indiv	
Immediate Supervisor's Approval:	Disapproved
Dr. Janet Siddiqui, Chairman Name Signature	10-28-15 Date
Superintendent/Deputy Superintendent/Chief Approval	Disapproved
Dr. Renee Foose, Superintendent Name Signature	10/25/10 Date

10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

Purpose of This Form: This form is to be completed by staff members who plan to attend a full day meeting, conference, or professional activity outside Howard County. Instructions: · Print out and submit completed form to your immediate supervisor for approval. · Forward to appropriate Superintendent/Deputy Superintendent/Chief for approval. · Please submit request fifteen (15) days prior to the scheduled event, if possible. Originator: Date Submitted: 8/12/15 Name: Renee A. Foose Position/Title: Superintendent Department/Office/School: Office of the Superintendent Activity Information: Maryland Association of Boards of Education Organization Sponsoring the Activity: Ocean City, MD Location of Activity: Phone Number: 410-313-6677 Valerie Gist Contact Person: Professional development for school system governance. Purpose of Activity: Reason for Attending: School System Leader/Superintendent 10/2/15 Last Day of Activity: 9/30/15 First Day of Activity: Total Work Days Required (including travel): Cost: Account(s) to be charged: Amount Object Key 1,000.00 4085000 1000010102 If P-Card used, please enter last four digits: 1,000.00 **HCPSS Total:** 7780 Cost to Individual: \$ 1,000.00 **Total Cost:** Disapproved Approved Immediate Supervisor's Approval: Dr. Janet Siddiqui, Chairman Signature Name Disapproved Approved Superintendent/Deputy Superintendent/Chief Approval Dr. Renee A. Foose, Superintendent Date Signature Name

10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

Purpose of This Form:	- 44001
This form is to be completed by staff members who plan to attend a full day meeting, confe activity outside Howard County.	rence, or professional
Instructions:	
Print out and submit completed form to your immediate supervisor for approval.	
Totward to appropriate Superintendent/Denuty Superintendent/Chief for approved	
Please submit request fifteen (15) days prior to the scheduled event, if possible.	
Originator:	THE CONTROL STATE TO STATE STATE OF THE STAT
Name: Renee A. Foose	11/2/15
Position/Title: Superintendent Date Submitte	ed: 11/3/15
Department/Office/School: Office of the Superintendent	
Activity Information:	THE STATE OF CONTROL PROCESS OF CONTROL OF C
Organization Sponsoring the Activity: National School Boards Association (N	CDA)
Location of Activity: Boston Convention & Exhibition Center, Boston, MA	ODA)
Contact Dorgon: Bothony Kochenilia	700 505 (000
Phone Number	: 703-535-1606
Purpose of Activity: Professional Development for Board Members, Superintendents, A	dministrative Staff, etc.
Reason for Attending: Educational Presentation 'Collaborating w/Community Resource	
First Day of Activity: 4/9/16 Last Day of Activity:	4/11/16
•	
Total Work Days Required (including travel): 4	
Cost:	
Account(s) to be charged:	
Key Object	Amount
1000010102 4085000	Amount
	2,015.00
If P-Card used, please enter last four digits:	
7780 HCPSS Total:	2.015.00
Cost to Individual:	
Total Cost:	\$ 2,015.00
nmediate Supervisor's Approval:	roved
Janet Siddiqui, Chairman	\ \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name Signature	Date
perintendent/Deputy Superintendent/Chief Approval	oved
Renee A. Foose, Superintendent	1/1/
Name Signature	- // 4/1) Date

10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

Neque	est to Attend 1 10			
Purpose of This Form: This form is to be comple activity outside Howard 0	eted by staff membe County.	rs who plan to atte	nd a full day meeting, confere	ence, or professional
Instructions: Print out and submit of Forward to appropriate Please submit reques	completed form to yo	our immediate sup- eputy Superintend rior to the schedul	ervisor for approval. ent/Chief for approval. ed event, if possible.	
Originator: Name: Renee A. F	oose		Date Submitte	ed: 11/25/15
Position/Title: Superin Department/Office/Sc	tendent beat: Office of the	Superintendent		
Department/Office/Sc	nooi. Office of the			
Activity Information: Organization Sponsor	ing the Activity:	District Manag	gement Council	
Location of Activity:	New York City		Di Alumbi	er: 617-453-2102
Contact Person: Ra	achel Melikan, Seni	or Associate	Phone Number	31.
	Superintendent	s' Strategy Sur	nmit fting Resources to Supp	ort Strategic Priorities
Reason for Attending First Day of Activity:	1/13/16	ученоринени	Last Day of Activit	ty: 1/15/16
Total Work Days Re		avel): 3		
Cost: Account(s) to be cha Key 1000010102		Object 1085000	<u> </u>	Amount 233.00
	If P-Card used, ple	ease enter last fo	our digits:	000 00
	7780		HCF33 TC	3
W		**************************************	Cost to Individ	
Immediate Supervisor's	Approval:		Approved D	Disapproved 12-2-15
Janet Siddiqui, C	hairman	_	Signature	Date
Nar				Disapproved
Superintendent/Deputy			Approved [1]	- 12/10/15
Renee A. Foose			Signature	Date
IVa				

FILE COPY

Howard County Public School System

10910 Clarksville Pike · Ellicott City · Maryland 21042

Purpose of This Form: This form is to be completed by staff members who plan activity outside Howard County.	to attend a full day meeting, conference, or professional
Instructions: Print out and submit completed form to your immedia Forward to appropriate Superintendent/Deputy Super Please submit request fifteen (15) days prior to the so	rintendent/Chief for approval.
Originator:	5
Name: Renee A. Foose Position/Title: Superintendent	Date Submitted: 12/8/15
Department/Office/School: Office of the Superinten	dent
Activity Information:	Association of School Administrators
Location of Activity: Phoenix, AZ	
Contact Person: AASASupport@cmrus.com	Phone Number: 866-226-4939
Purpose of Activity: National Conference on Edu Reason for Attending: Presentation	ucation/Professional Development for School Leaders
0/44/40	Last Day of Activity: 2/13/16
First Day of Activity: 2/11/16	
Total Work Days Required (including travel): 3	
Cost:	Amount 3,000.00
if P-Card used, please enter la 7780	HCPSS Total: 3,000.00
	Cost to Individual:
	Total Cost: \$3,000.00
Immediate Supervisor's Approval:	Approved Disapproved
Christine O'Connor, Chairman	1 DATE DE DE DE LA DELLA OF
Name	Signature Date
Superintendent/Deputy Superintendent/Chief Approval	Approved Disapproved
/ Mulida	Lil. m 12/10/15
Name	Signature Date

10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

Purpose of This Form: This form is to be completed by staff members who plan to attend activity outside Howard County. Instructions: Print out and submit completed form to your immediate supervice. Forward to appropriate Superintendent/Deputy Superintendent/Please submit request fifteen (15) days prior to the scheduled experiments.	sor for approval. Chief for approval.	nce, or professional
Originator: Name: Renee A. Foose Position/Title: Superintendent Department/Office/School: Office of the Superintendent	Date Submitted	d: <u>5/17/16</u>
Activity Information: Organization Sponsoring the Activity: Canvas Instructure	eCon 2016	are for management of the state
Location of Activity: Dillon, Colorado Contact Person: Valerie Gist	Phone Number:	410-313-6677
Purpose of Activity: Professional development re: Canvas and Reason for Attending: School System Leader/Superintend First Day of Activity: 7/19/16 Total Work Days Required (including travel): 5		nt strategies & data. 7/21/16
Cost: Account(s) to be charged: Key 1000010102 Object 4055000 40850 If P-Card used, please enter last four digit	CONTROL THE CLARA DEPOSIT	Amount TBD
Christine O'Connor, Chairman, BOE Name Superintendent/Deputy Superintendent/Chief Approval Renee A. Foose, Superintendent	Approved Disapp	roved 6/23//6 Date
	nature	Date

10910 Clarksville Pike · Ellicott City · Maryland 21042

Purpose of This Form: This form is to be completed by staff members who plan to attend a activity outside Howard County. Instructions: Print out and submit completed form to your immediate superviso. Forward to appropriate Superintendent/Deputy Superintendent/Cl	or for approval. hief for approval.
Please submit request fifteen (15) days prior to the scheduled everage of the Scheduled everage	Date Submitted: 6/22/16
Activity Information: Organization Sponsoring the Activity: Global EPFP Location of Activity: Delhi, India	
Contact Person: Valerie Gist	Phone Number: 410-313-6677
Purpose of Activity: Professional Development: Study ed Reason for Attending: School System Leader/Superintende First Day of Activity: 10/27/16 Total Work Days Required (including travel): 6	
Cost:	Amount
If P-Card used, please enter last four digits: 7780	HCPSS Total: 0.00 Cost to Individual: 5 0.00
mmediate Supervisor's Approval:	Approved Disapproved
Christine O'Connor, Chairman, BOE Signa	ture Call 23/16
Renee A. Foose, Superintendent Name Signal	Approved Disapproved 6/25/16 Fure Date

10910 Clarksville Pike · Ellicott City · Maryland 21042

Purpose of This Form: This form is to be completed by staff members who plant activity outside Howard County. Instructions: Print out and submit completed form to your immediate. Forward to appropriate Superintendent/Deputy Superintendents of the science of th	e supervisor for approval. ntendent/Chief for approval.
Originator: Name: Renee A. Foose Position/Title: Superintendent Department/Office/School: Office of the Superintendent	Date Submitted: 7/11/16
Activity Information:	ter/Academy
Contact Person: Valerie Gist	Phone Number: 410-313-6677
Purpose of Activity: Interview for the Broad Acade Reason for Attending: School System Leader/Sup First Day of Activity: 7/28/16 Total Work Days Required (including travel): 3	
Cost:	Amount TBD
If P-Card used, please enter last f	HCPSS Total: 0.00 Cost to Individual: \$ 0.0d BD
Ellen Flynn Giles, Vice Chair, BOE Name	Approved Disapproved Letter July 7/11/2016 Signature Date
Superintendent/Deputy Superintendent/Chief Approval	Approved Disapproved
Renee A. Foose, Superintendent Name	Signature 7/11/2016
нали	Signature Date

10910 Clarksville Pike \cdot Ellicott City \cdot Maryland 21042

Purpose of This Form: This form is to be completed by staff members who plan to attend a full day activity outside Howard County. Instructions: Print out and submit completed form to your immediate supervisor for ap Forward to appropriate Superintendent/Deputy Superintendent/Chief for Please submit request fifteen (15) days prior to the scheduled event, if possible controls are proposed in the scheduled event.	proval.
Originator: Name: Renee A. Foose, Ed.D. Position/Title: Superintendent Department/Office/School: Office of the Superintendent	Date Submitted: 8/8/16
Activity Information: Organization Sponsoring the Activity: Location of Activity: Orlando, Florida	
	Phone Number: 443-277-9333
Total Work Days Required (including travel): 3	
Cost: Account(s) to be charged: Key Object N/A	Amount
	HCPSS Total: 0.00 to Individual: \$0.00
Christine O'Connor, Chairman, BOE Name Superintendent/Deputy Superintendent Dr. Renee A. Foose, Superintendent Name Signature Signature	Date

10910 Clarksville Pike · Ellicott City · Maryland 21042 Request to Attend Professional Conference and/or Travel Request

Purpose of This Form: This form is to be completed by staff members who plan to	attend a full day meeting, confers	ence or professional
activity outside Howard County.	attend a full day fileeting, confere	slice, or professional
Instructions:		
 Print out and submit completed form to your immediate s Forward to appropriate Superintendent/Deputy Superintendent/Deputy Superintendent/Deputy Superintendent/Deputy Superintendent/Deputy Superintendent/Deputy Superintendent/Deputy Superintendent/Su		
Please submit request fifteen (15) days prior to the sched		
Originator:		
Name: Renee A. Foose	Date Submitte	d· 11/9/16
Position/Title: Superintendent	Date dustriate	u
Department/Office/School: Central Office		
Activity Information:	file de la companya no companya na mana na man Tanàna na mana	o transmitte alla materiale di materiale di materiale di propositione del materiale per un accusar ser
Organization Sponsoring the Activity: Foundation f	or Excellence in Education	
Location of Activity: Marriott Marquis, Washington	, D.C.	
Contact Person: Valerie Gist	Phone Number:	410-313-6677
Purpose of Activity: 2016 National Summit on Edu	ucation Reform	Adecember (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1906) (1
		
Reason for Attending: To improve the quality of educ		
First Day of Activity: 12/1/16	Last Day of Activity:	12/1/16
Total Work Days Required (including travel): 1		
Cost:		y mandatana di sala lang di dana di dana dana dana dana dana dan
Account(s) to be charged:		
Key Object		Amount
1000010102 4085000		325.00
2		11
If P-Card used, please enter last fou	ır digits:	
7780	HCPSS Total:	325.00
	Cost to Individual:	
	Total Cost:	\$ 325.00
mmediate Supervisor's Approval:	Approved Disapp	roved
Charles		11/29/11
Name	Signature	Date
Superintendent/Deputy Superintendent/Chief Approval	Approved Disapp	roved , ,
fal m		11/29/16
Name	Signature	Date