

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 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:

Name: Renee A. Foose, E.d.D. Date Submitted: Dec 20, 2012

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: MABE

Location of Activity: Ocean City, MD

Contact Person: Kathy Hanks Phone Number: 410-313-7194

Purpose of Activity: Professional Development

Reason for Attending: Professional Development

First Day of Activity: Oct 3, 2012 Last Day of Activity: Oct 5, 2012

Total Work Days Required (including travel): 3

Cost:

IFAS Account(s) to be charged to:

Total Cost:	Key	Object	Amount
<u> </u>	<u>1,000,010,101</u>	<u>4,085,000</u>	<u> </u>
Cost to HCPSS:	<u> </u>	<u> </u>	<u> </u>
Cost to Individual:	<u> </u>	<u> </u>	<u> </u>


Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Frank J. Aquino, Chairman

Name



Signature

12/24/12

Date

Superintendent/Assistant Superintendent/Chief Approval:

☐ Approved

☐ Disapproved

Name

Signature

Date

Howard County Public School System

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- The request should be submitted fifteen (15) days prior to the scheduled event.

Originator:

Name: Renee A. Foose Date Submitted: 1-4-13

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: Superintendents' Strategy Summit

Location of Activity: New York, NY

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Professional Development for Superintendents

Reason for Attending: Professional Development

First Day of Activity: Jan 16, 2013 Last Day of Activity: Jan 18, 2013

Total Work Days Required (including travel): 3

Cost:

IFAS Account(s) to be charged to:

Total Cost:	Key	Object	Amount
<u>\$400.00</u>	<u>1,000,010,102</u>	<u>4,085,000</u>	
Cost to HCPSS: <u>\$400.00</u>			
Cost to Individual: <u>\$.00</u>			

Immediate Supervisor's Approval:

☒ Approved ☐ Disapproved

Frank Aquino, Chairman

Name



Signature

1-3-13

Date

Superintendent/Assistant Superintendent/Chief Approval:

☐ Approved ☐ Disapproved

Name

Signature

Date

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Originator:

Name: Renne A. Foose

Date Submitted: 5-15-13

Position/Title: Suprintendent

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: Harvard's Center for Education Policy and Research (SDP)

Location of Activity: Cambridge, MA

Contact Person: Kathy Chiacchio

Phone Number: 410-313-6677

Purpose of Activity: May Cohort 4 Workshop (spring convening SDP)

Reason for Attending: Cohort 4 Workshop

First Day of Activity: 5-16-13

Last Day of Activity: 5-17-13

Total Work Days Required (including travel): 3

Cost:

IFAS Account(s) to be charged to:

Total Cost:	Key	Object	Amount
<u> </u>	<u> </u>	<u> </u>	<u> </u>
Cost to HCPSS:	<u> </u>	<u> </u>	<u> </u>
Cost to Individual:	<u> </u>	<u> </u>	<u> </u>

Immediate Supervisor's Approval:

Frank Aquino

Name

☒ Approved

Signature

Superintendent/Assistant Superintendent/Chief Approval:

☐ Approved

Name

Signature

Hi Eileen,
This form was for
Dr. Foose's conference
and Frank Aquino
approved & signed so
we are good.

Thanks,
Val

Howard County Public School System

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Instructions:

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- The request should be submitted fifteen (15) days prior to the scheduled event.

Originator:

Name: Renee A. Foose Date Submitted: Jun 13, 2013

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: Gallup Education Conference

Location of Activity: Omaha, Nebraska

Contact Person: Krista Volzke Phone Number: 402-938-6001

Purpose of Activity: Professional development 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 travel): 5

Cost:

Total Cost: \$1,600.00

Cost to HCPSS: \$1,600.00

Cost to Individual: \$.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<u>100,010,102</u>	<u>408,500</u>	<u>\$1,600.00</u>
<u></u>	<u></u>	<u></u>

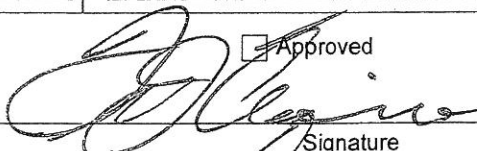
Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Frank Aquino, Chairman

Name



Signature

6/13/13

Date

Superintendent/Assistant Superintendent/Chief Approval:

☐ Approved

☐ Disapproved

Name

Signature

Date

Howard County Public School System

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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:

Name: Renee A. Foose

Date Submitted: Jun 13, 2013

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: Gallup Education Conference

Location of Activity: Omaha, Nebraska

Contact Person: Krista Volzke

Phone Number: 402-938-6001

Purpose of Activity: Professional development to identify ultimate outcomes for education

Reason for Attending: Superintendent of Howard County Public School System

First Day of Activity: Jul 15, 2013

Last Day of Activity: Jul 19, 2013

Total Work Days Required (including travel): 5

Cost:

Total Cost: \$1,600.00

Cost to HCPSS: \$1,600.00

Cost to Individual: \$0.00

IFAS Account(s) to be charged to:

Key	Object	Amount
100,010,102	408,500	\$1,600.00

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Frank Aquino, Chairman

Name

Signature

Date

6/13/13

Superintendent/Assistant Superintendent/Chief Approval:

☐ Approved

☐ Disapproved

Name

Signature

Date

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- 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:

Name: Renee A. Foose, Ed. D. Date Submitted: Sep 12, 2013

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: Hanban/Confucius Institute Headquarters

Location of Activity: Beijing, China and other province/region within China

Contact Person: Ms. Trinity Pun, Hanban North America Education Phone Number: 604-662-8498

Purpose of Activity: To grow a rich/robust program along w/ partnerships to include a multitude of oport. for students.

Reason for Attending: Superintendent of Howard 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:

Total Cost: \$1,400.00

Cost to HCPSS: \$1,400.00

Cost to Individual: \$0.00

IFAS Account(s) to be charged to:

Key	Object	Amount
1,000,010,102	4,085,000	\$1,400.00

Immediate Supervisor's Approval:

Frank Aquino, Chairman

Name

☒ Approved

☐ Disapproved

Signature

Date

Superintendent/Assistant Superintendent/Chief Approval:

n/a

Name

☐ Approved

☐ Disapproved

Signature

Date

Howard County Public School System

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Instructions:

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- Forward to appropriate Superintendent/Asst. Superintendent/Chief for approval.
- The request should be submitted fifteen (15) days prior to the scheduled event.

Originator:

Name: Renee A. Foose

Date Submitted: 9-13-13

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: MABE

Location of Activity: Ocean City, MD

Contact Person: Kathy Chiacchio

Phone Number: 410-313-6677

Purpose of Activity: Professional Development for Board Members, Superintendents, Administrators, etc.

Reason for Attending: Professional Development for Superintendent

First Day of Activity: October 2, 2013

Last Day of Activity: Oct 4, 2013

Total Work Days Required (including travel): 3

Cost:

Total Cost: \$715.00

Cost to HCPSS: \$715.00

Cost to Individual: \$0.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<u>1,000,010,102</u>	<u>4,085,000</u>	<u>\$715.00</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Immediate Supervisor's Approval:

Frank Aquino, Chairman, BOE
Name

☒ Approved

☐ Disapproved

Signature

Date

Superintendent/Assistant Superintendent/Chief Approval: ☒ Approved

☐ Disapproved

Dr. Renee A. Foose, Superintendent
Name

Signature

Date

9/23/13

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

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Instructions:
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· Forward to appropriate Superintendent/Asst. Superintendent/Chief for approval.
· The request should be submitted fifteen (15) days prior to the scheduled event.

Originator: Renee A. Foose Date Submitted: Oct 22, 2013

Name: Renee A. Foose
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: PSSAM

Location of Activity: Ocean City, MD

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Annual Retreat for State Superintendents

Reason for Attending: Professional Development

First Day of Activity: Oct 31, 2013 Last Day of Activity: Nov 1, 2013

Total Work Days Required (including travel): 2

Cost:

Total Cost:

Cost to HCPSS:

Cost to Individual:

IFAS Account(s) to be charged to:

Key

Object

Amount

1,000,010,102

4,085,000

\$310.00

\$0.00

\$310.00

\$310.00

\$0.00

☒ Approved

☐ Disapproved

Immediate Supervisor's Approval:

Frank J. Aquino, Chairman
Name

Signature

Date

10-23-13

Superintendent/Assistant Superintendent/Chief Approval: ☒ Approved

☐ Disapproved

Renee A. Foose, Superintendent
Name

Signature

Date

10-23-13

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

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Purpose of This Form:

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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:

Name: Renee A. Foose Date Submitted: 11-15-13

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: South By Southwest Education (SXSWE)

Location of Activity: Austin, TX

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Annual Educational Conference

Reason for Attending: Presenting as member of a panel

First Day of Activity: 3-3-14 Last Day of Activity: 3-6-14

Total Work Days Required (including travel): 4

Cost:

Total Cost: \$.00

Cost to HCPSS: \$.00

Cost to Individual: \$.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Frank J. Aquino, Chairman

Name

[Signature]

Signature

Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Dr. Renee A. Foose, Superintendent

Name

[Signature]

Signature

Date

Howard County Public School System

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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:

Name: Renee A. Foose Date Submitted: 12-6-13

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, NY

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: To help district leaders implement sustainable, measurable performance improvements.

Reason for Attending: Professional Development for Superintendents

First Day of Activity: Jan. 16, 2014 Last Day of Activity: Jan. 17, 2014

Total Work Days Required (including travel): 3

Cost:

Total Cost: \$180.00
Cost to HCPSS: \$180.00
Cost to Individual: \$0.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<u>1,000,010,101</u>	<u>4,085,000</u>	<u>\$180.00</u>
<u></u>	<u></u>	<u></u>

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Ellen Flynn Giles, Chairman

Name

Ellen Flynn Giles
Signature

12/15/2013

Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Dr. Renee A. Foose, Superintendent

Name

[Signature]
Signature

12/10/13

Date

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference and/or Travel Request

FILE COPY

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:

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: National School Boards Association

Location of Activity: New Orleans, LA

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: National Conference of School Board Members and Superintendents

Reason for Attending: Professional development

First Day of Activity: April 5, 2014 Last Day of Activity: April 7, 2014

Total Work Days Required (including travel): 3

Cost:

Total Cost: \$2,821.00

Cost to HCPSS: \$2,821.00

Cost to Individual: \$.00

IFAS Account(s) to be charged to:

Key	Object	Amount
1,000,010,102	4,085,000	\$2,821.00

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

3/27/14

Name

Signature

Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

3/27/14

Name

Signature

Date

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

COPY

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:

Name: Renee A. Foose Date Submitted: 4-15-14

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: Harvard/Cohort 4

Location of Activity: Boston, MA

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Strategic Data Project Cohort 4

Reason for Attending: Professional Development

First Day of Activity: 4-22-14 Last Day of Activity: 4-24-14

Total Work Days Required (including travel): 3

Cost:

Total Cost: \$0.00

Cost to HCPSS: \$0.00

Cost to Individual: \$0.00

IFAS Account(s) to be charged to:

Key	Object	Amount

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Ellen Flynn Giles, Chairman
Name

Ellen Flynn Giles
Signature

4/15/2014
Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Dr. Renee A. Foose, Superintendent
Name

Renee A. Foose
Signature

4/14/14
Date

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

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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:

Name: Renee A. Foose Date Submitted: May 23, 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: ERDI (Education Research & Development Institute)

Location of Activity: Indianapolis, Indiana

Contact Person: Jon Dulle Phone Number: 815-588-1112

Purpose of Activity: ERDI II Summer Institute/Superintendent Dialogue Forum

Reason for Attending: Superintendent of Howard County Public School System

First Day of Activity: Jul 15, 2014 Last Day of Activity: Jul 20, 2014

Total Work Days Required (including travel): 4

Cost:

Total Cost: \$.00

Cost to HCPSS: \$.00

Cost to Individual: \$.00

IFAS Account(s) to be charged to:

Key	Object	Amount
100.010,102	408,500	\$1,600.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Ellen Flynn Giles, Chairman

Name

Ellen Flynn Giles
Signature

Date

Superintendent/Assistant Superintendent/Chief Approval:

☐ Approved ☐ Disapproved

Dr. Renee A. Foose, Superintendent

Name

Renee A. Foose
Signature

5/27/14
Date

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

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- 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:

Name: Renee A. Foose Date Submitted: Jul 16, 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: Harvard University

Location of Activity: Boston

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Strategic Data Project Cohort 4 Graduation Workshop

Reason for Attending: Professional Development as a Cohort Member

First Day of Activity: Aug 20, 2014 Aug 20 Last Day of Activity: Aug 21, 2014

Total Work Days Required (including travel): 2

Cost:

Total Cost: \$.00

Cost to HCPSS: \$.00

Cost to Individual: \$.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Ellen Flynn Giles, Chairman

Name

Ellen Flynn Giles
Signature

Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Renee A. Foose

Name

Renee A. Foose
Signature

Date

7/21/14

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

COPY

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:

Name: Renee A. Foose Date Submitted: Sep 30, 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: MABE

Location of Activity: Ocean City, MD

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Professional Development

Reason for Attending: Professional Development for Senior Staff

First Day of Activity: Oct 1, 2014 Last Day of Activity: Oct 3, 2014

Total Work Days Required (including travel): 3

Cost:

Total Cost: \$1,000.00

Cost to HCPSS: \$1,000.00

Cost to Individual: \$.00

IFAS Account(s) to be charged to:

Key	Object	Amount
1,000,010,102	4,085,000	\$1,000.00

Immediate Supervisor's Approval:

☒ Approved ☐ Disapproved

Ellen Giles, Chairman
Name

Ellen Giles
Signature

10/06/2014
Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved ☐ Disapproved

Dr. Renee A. Foose, Superintendent
Name

Renee A. Foose
Signature

10/7/14
Date

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

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- 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:

Name: Renee A. Foose Date Submitted: Nov 10, 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: U.S. Dept. of Education

Location of Activity: Washington, D.C.

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Sharing the challenges and successes of implementing digital education.

Reason for Attending: Invited as a member of the Future Ready Superintendent Summit

First Day of Activity: Nov. 19, 2014 Last Day of Activity: Nov. 19, 2014

Total Work Days Required (including travel): 1

Cost:

Cost:	IFAS Account(s) to be charged to:
Total Cost:	Key Object Amount
<u>\$70.00</u>	
Cost to HCPSS: <u>\$70.00</u>	<u>1,000,010,101</u> <u>4,085,000</u> <u>\$70.00</u>
Cost to Individual: <u>\$0.00</u>	<u></u> <u></u> <u>\$70.00</u>

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Ellen Flynn-Giles Ellen Flynn-Giles
Name Signature

11/10/14
Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Dr. Renee A. Foose, Superintendent Renee A. Foose
Name Signature

11/10/14
Date

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 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:

Name: Renee Foose Date Submitted: Nov 10, 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: 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:

IFAS Account(s) to be charged to:

Total Cost:	Key	Object	Amount
<u>\$2,595.00</u>	<u>1,000,010,102</u>	<u>4,085,000</u>	<u>\$2,595.00</u>
Cost to HCPSS: <u>\$2,595.00</u>			
Cost to Individual: <u>\$0.00</u>			<u>\$0.00</u>

Immediate Supervisor's Approval:

☐ Approved

☐ Disapproved

Ellen Flynn Miles
Name

Signature

11/10/14
Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Dr. Renee A. Foose, Superintendent
Name

Signature

Date

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 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:

Name: Renee A. Foose Date Submitted: Nov 11, 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: Harvard Graduate School of Education

Location of Activity: San Diego State University

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Convening to strengthen school counseling and college advising.

Reason for Attending: Presenting on our student data initiative.

First Day of Activity: Nov 17, 2014 Last Day of Activity: Nov. 18, 2014

Total Work Days Required (including travel): 2

Cost:

Total Cost:	IFAS Account(s) to be charged to:		
	Key	Object	Amount
<u>\$.00</u>			
Cost to HCPSS: <u>\$.00</u>			
Cost to Individual: <u>\$.00</u>			

Immediate Supervisor's Approval:

☒ Approved

☐ Disapproved

Ellen Flynn-Giles, Chairman

Name

Signature

Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Renee A. Foose, Superintendent

Name

Signature

Date

Howard County Public School System

10910 Route 108 · Ellicott City · Maryland 21042

Request to Attend Professional Conference

FILE COPY

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:

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:

Total Cost: \$315.00

Cost to HCPSS: \$315.00

Cost to Individual: \$0.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<u>1,000,010,102</u>	<u>4,085,000</u>	<u>\$315.00</u>
<u></u>	<u></u>	<u></u>

Immediate Supervisor's Approval:

☐ Approved

☐ Disapproved

Janet Siddiqui, Chairman BOE

Name

[Signature]
Signature

12-18-14
Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved

☐ Disapproved

Renee A. Foose

Name

[Signature]
Signature

12/16/14
Date

FILE COPY

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 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:

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: NSBA

Location of Activity: Nashville, TN

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: Professional Development for Board Members, Superintendents, Administrative Staff, etc.

Reason for Attending: Presenting on student 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 travel): 4

Cost:

Total Cost: \$1,850.00

Cost to HCPSS: \$1,850.00

Cost to Individual: \$1,850.00

IFAS Account(s) to be charged to:

Key	Object	Amount
<u>1,000,010,102</u>	<u>4,085,000</u>	<u>\$1,850.00</u>
<u></u>	<u></u>	<u></u>

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Janet Siddiqui, Chairman [Signature] 12-19-14
Name Signature Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved ☐ Disapproved

Renee A. Foose [Signature] 12/17/14
Name Signature Date

FILE COPY

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 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:

Name: Renee A. Foose Date Submitted: Jan 8, 2015

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: American Assoc. of School Administrators

Location of Activity: San Diego, CA

Contact Person: Kathy Chiacchio Phone Number: 410-313-6677

Purpose of Activity: AASA National Conference/professional development for national school leaders

Reason for Attending: Doing a presentation on raising the bar for all students through international benchmarking

First Day of Activity: Feb 26, 2015 Last Day of Activity: Feb 28, 2015

Total Work Days Required (including travel): 4

Cost: IFAS Account(s) to be charged to:

Total Cost:	Key	Object	Amount
<u>\$2,200.00</u>			
Cost to HCPSS:	<u>1,000,010,102</u>	<u>4,085,000</u>	<u>\$2,200.00</u>
Cost to Individual:	<u>\$0.00</u>		

Immediate Supervisor's Approval:

☒ Approved ☐ Disapproved

Janet Siddiqui, Chairman *Janet Siddiqui* 1-14-15
Name Signature Date

Superintendent/Assistant Superintendent/Chief Approval:

☒ Approved ☐ Disapproved

Renee A. Foose, Superintendent *Renee Foose* 1/13/15
Name Signature Date

Howard County Public School System
10910 Clarksville Pike · Ellicott City · Maryland 21042
Request to Attend Professional Conference and/or Travel Request

FILE COPY

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:

Name: Renee A. Foose, Ed.D. Date Submitted: 3/4/15
Position/Title: Superintendent
Department/Office/School: Superintendent

Activity Information:

Organization Sponsoring the Activity: Communications
Location of Activity: New York, NY
Contact Person: Rebecca Amani-Dove Phone Number: 410-440-2770

Purpose of Activity: Media Outreach

Reason for Attending: _____

First Day of Activity: 3/12/15 Last Day of Activity: 3/13/15

Total Work Days Required (including travel): 2

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4085000</u>	<u>700.00</u>
_____	_____	_____
_____	_____	_____

If P-Card used, please enter last four digits:

7780

HCPSS Total: 700.00

Cost to Individual: _____

Total Cost: \$ 700.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Janet Siddiqui, M.D. Chair, BOE

Name

Signature

Date

Superintendent/Deputy Superintendent/Chief Approval

☐ Approved ☐ Disapproved

n/a

Name

Signature

Date

Howard County Public School System
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, 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:

Name: Renee A. Foose

Date Submitted: 10/28/15

Position/Title: Superintendent

Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: America Achieves Global Learning Network

Location of Activity: The Omni Shoreham Hotel, Washington, DC

Contact Person: Carolyn Trager Kliman, Senior Director Phone Number: 917-696-6113

Purpose of Activity: To gain deeper understanding of OECD Test for Schools results & how they can be leveraged.

Reason for Attending: Panelist: System Leaders from the US & UK will discuss OECD Test

First Day of Activity: 11/12/15

Last Day of Activity: 11/14/15

Total Work Days Required (including travel): 2

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4055000 4085000</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

If P-Card used, please enter last four digits:

7780

HCPSS Total: 0.00

Cost to Individual:

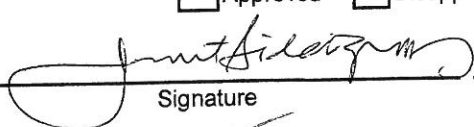
Total Cost: \$ 0.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Dr. Janet Siddiqui, Chairman

Name


Signature


10-28-15
Date

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

Dr. Renee Foose, Superintendent

Name


Signature

10/28/15
Date

Howard County Public School System
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:

Name: Renee A. Foose Date Submitted: 8/12/15
Position/Title: Superintendent
Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: Maryland Association of Boards of Education
Location of Activity: Ocean City, MD
Contact Person: Valerie Gist Phone Number: 410-313-6677

Purpose of Activity: Professional development for school system governance.
Reason for Attending: School System Leader/Superintendent
First Day of Activity: 9/30/15 Last Day of Activity: 10/2/15
Total Work Days Required (including travel): 3

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4085000</u>	<u>1,000.00</u>
_____	_____	_____

If P-Card used, please enter last four digits:

7780

HCPSS Total: 1,000.00

Cost to Individual: _____

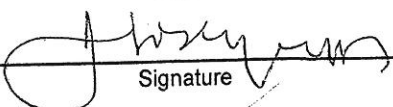
Total Cost: \$ 1,000.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Dr. Janet Siddiqui, Chairman

Name

Signature 

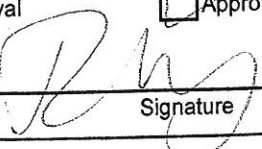
Date 8-19-15

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

Dr. Renee A. Foose, Superintendent

Name

Signature 

Date

Howard County Public School System
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:

Name: Renee A. Foose

Date Submitted: 11/3/15

Position/Title: Superintendent

Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: National School Boards Association (NSBA)

Location of Activity: Boston Convention & Exhibition Center, Boston, MA

Contact Person: Bethany Kashawlic

Phone Number: 703-535-1606

Purpose of Activity: Professional Development for Board Members, Superintendents, Administrative Staff, etc.

Reason for Attending: Educational Presentation 'Collaborating w/Community Resources to Max. Education'

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
<u>1000010102</u>	<u>4085000</u>	<u>2,015.00</u>

If P-Card used, please enter last four digits:

7780

HCPSS Total: 2,015.00

Cost to Individual: _____

Total Cost: \$ 2,015.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Janet Siddiqui, Chairman

Name

Janet Siddiqui
Signature

11-4-15
Date

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

Renee A. Foose, Superintendent

Name

Renee A. Foose
Signature

11/4/15
Date

Howard County Public School System
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:

Name: Renee A. Foose

Date Submitted: 11/25/15

Position/Title: Superintendent

Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: District Management Council

Location of Activity: New York City

Contact Person: Rachel Melikan, Senior Associate

Phone Number: 617-453-2102

Purpose of Activity: Superintendents' Strategy Summit

Reason for Attending: Professional Development-Shifting Resources to Support Strategic Priorities

First Day of Activity: 1/13/16

Last Day of Activity: 1/15/16

Total Work Days Required (including travel): 3

Cost:

Account(s) to be charged:

Key	Object
<u>1000010102</u>	<u>4085000</u>
<u> </u>	<u> </u>

Amount

233.00

If P-Card used, please enter last four digits:

7780

HCPSS Total: 233.00

Cost to Individual:

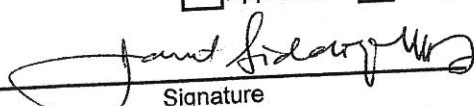
Total Cost: \$ 233.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Janet Siddiqui, Chairman

Name


Signature


12-2-15
Date

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

Renee A. Foose, Superintendent

Name


Signature

12/10/15
Date

Revised 09.14

FILE COPY

Howard County Public School System
 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:

Name: Renee A. Foose Date Submitted: 12/8/15
 Position/Title: Superintendent
 Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: American 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 Education/Professional Development for School Leaders

Reason for Attending: Presentation

First Day of Activity: 2/11/16 Last Day of Activity: 2/13/16

Total Work Days Required (including travel): 3

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4085000</u>	<u>3,000.00</u>

If P-Card used, please enter last four digits:

7780

HCPSS Total: 3,000.00
 Cost to Individual:
 Total Cost: \$ 3,000.00

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Christine O'Connor, Chairman

Name

Christine O'Connor
 Signature

12-10-15
 Date

Superintendent/Deputy Superintendent/Chief Approval

☐ Approved ☐ Disapproved

Renee A. Foose
 Name

Renee A. Foose
 Signature

12/10/15
 Date

Howard County Public School System
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:

Name: Renee A. Foose Date Submitted: 5/17/16
Position/Title: Superintendent
Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: Canvas InstructureCon 2016
Location of Activity: Dillon, Colorado
Contact Person: Valerie Gist Phone Number: 410-313-6677

Purpose of Activity: Professional development re: Canvas assessment, engagement strategies & data.

Reason for Attending: School System Leader/Superintendent

First Day of Activity: 7/19/16 Last Day of Activity: 7/21/16

Total Work Days Required (including travel): 5

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4055000 4025000</u>	<u>TBD</u>

If P-Card used, please enter last four digits:

7780

HCPSS Total: 0.00

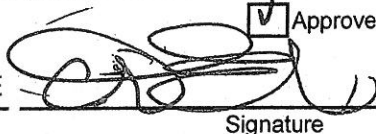
Cost to Individual:

Total Cost: \$ 0.00 TBD

Immediate Supervisor's Approval:

Christine O'Connor, Chairman, BOE

Name


Signature



Approved



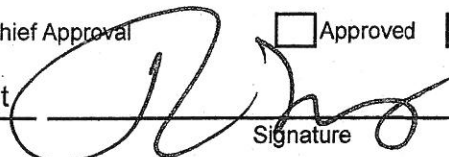
Disapproved

6/23/16
Date

Superintendent/Deputy Superintendent/Chief Approval

Renee A. Foose, Superintendent

Name


Signature



Approved



Disapproved

6/23/16
Date

Howard County Public School System
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:

Name: Renee A. Foose Date Submitted: 6/22/16
Position/Title: Superintendent
Department/Office/School: Office of the Superintendent

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 education policy

Reason for Attending: School System Leader/Superintendent

First Day of Activity: 10/27/16 Last Day of Activity: 11/4/16

Total Work Days Required (including travel): 6

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>10000010102</u>	<u>4055000</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

If P-Card used, please enter last four digits:
7780

HCPSS Total: 0.00

Cost to Individual:


Total Cost: \$ 0.00

Immediate Supervisor's Approval:

☒ Approved ☐ Disapproved

Christine O'Connor, Chairman, BOEC

Name


Signature

6/23/16
Date

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

Renee A. Foose, Superintendent

Name


Signature

6/23/16
Date

Howard County Public School System
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:

Name: Renee A. Foose Date Submitted: 7/11/16
Position/Title: Superintendent
Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: Broad Center/Academy
Location of Activity: Los Angeles, CA
Contact Person: Valerie Gist Phone Number: 410-313-6677

Purpose of Activity: Interview for the Broad Academy Fellowship
Reason for Attending: School System Leader/Superintendent
First Day of Activity: 7/28/16 Last Day of Activity: 7/29/16
Total Work Days Required (including travel): 3

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4055000</u>	<u>TBD</u>

If P-Card used, please enter last four digits:

7780

HCPSS Total: 0.00

Cost to Individual:

Total Cost: \$ 0.00 TBD

Immediate Supervisor's Approval:

☐ Approved ☐ Disapproved

Ellen Flynn Giles, Vice Chair, BOE

Name

Signature

Date

Superintendent/Deputy Superintendent/Chief Approval

☐ Approved ☐ Disapproved

Renee A. Foose, Superintendent

Name

Signature

Date

Howard County Public School System
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:

Name: Renee A. Foose, Ed.D. Date Submitted: 8/8/16
Position/Title: Superintendent
Department/Office/School: Office of the Superintendent

Activity Information:

Organization Sponsoring the Activity: 2016 RTM Fall CIO Congress
Location of Activity: Orlando, Florida
Contact Person: Renee A. Foose, Ed.D. Phone Number: 443-277-9333

Purpose of Activity: 2016 RTM Fall CIO (Chief Information Officer) Congress
Reason for Attending: Presenter-Using data to drive district wide improvements using "Big Data"
First Day of Activity: 10/16/16 Last Day of Activity: 10/19/16
Total Work Days Required (including travel): 3

Cost:

Account(s) to be charged:

Key	Object	Amount
N/A		

If P-Card used, please enter last four digits: _____

HCPSS Total: 0.00

Cost to Individual: _____

Total Cost: \$ 0.00

Immediate Supervisor's Approval:

☒ Approved ☐ Disapproved

Christine O'Connor, Chairman, BOE

Name

Signature

Date

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

Dr. Renee A. Foose, Superintendent

Name

Signature

Date

8/9/16

Howard County Public School System
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:

Name: Renee A. Foose Date Submitted: 11/9/16
Position/Title: Superintendent
Department/Office/School: Central Office

Activity Information:

Organization Sponsoring the Activity: Foundation for 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 Education Reform
Reason for Attending: To improve the quality of education for all students.
First Day of Activity: 12/1/16 Last Day of Activity: 12/1/16
Total Work Days Required (including travel): 1

Cost:

Account(s) to be charged:

Key	Object	Amount
<u>1000010102</u>	<u>4085000</u>	<u>325.00</u>

If P-Card used, please enter last four digits:

7780

HCPSS Total: 325.00

Cost to Individual:

Total Cost: \$ 325.00

Immediate Supervisor's Approval:

☒ Approved ☐ Disapproved

Christine E. [Signature]
Name

Signature

11/29/16
Date

Superintendent/Deputy Superintendent/Chief Approval

☒ Approved ☐ Disapproved

[Signature]
Name

Signature

11/29/16
Date