PROFESSIONAL DEVELOPMENT REQUEST FORM

At least one month prior to the event: 1. Complete this form and attach required documentation*.

2. Review travel guidelines. 3. Send completed form and attachment to FAEHS Operations Training Specialist.

4. You will be notified by FAEHS Operations via email upon approval.

I. CONTACT INFORMATION		
FIRST NAME	LAST NAME	EMPLOYEE ID
BLAZER ID	DEPARTMENT / JOB TITLE	SUPERVISOR / DIRECTOR / AVP

II. WORKSHOP/CONFERENCE INFORMATION

NAME OF CONFERENCE/WORKSHOP			NAME OF ORGANIZATION					
			Dues	paying me	ember of th	nis organiza	ition.	
\$ Registration Fee	No Fee Associated	DATE(S) OF WORKSHOP/CONFERENCE/TRAVEL						
		Date(s):	Location:					
Total Training Hours:		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
*Documentation required to be submitted with form should include registration information (including cost), agenda, summary		For overnight travel, please complete the dates below.						
description of conference or worksh form, etc.	op, travel pre-approval	Departure Date:			Re	Return Date:		
III. REQUESTED AMOUNT OF ESTIMATED REIMBURSEMENT								
Please estimate amount for each a	pplicable category below.							
Hotel	<u>Air Travel</u>	Food			Othe	r		
Hotel: # of nights	Flight S	# of Day	s		Airpo	rt/Hotel Pa	arking S	

	Total Above:	\$ + Registr	ration Fee for GRAND TOTAL :	\$
		Air Travel Total \$		Other Total \$
		(round trip airport to hotel only)		(Enter Mileage Estimate)
Hotel Total \$		Transportation \$	Total Meal \$	Personal Car \$
Hotel per night \$		Baggage Fees \$	Amt. Per Day	Car Rental \$
Hotel: # of nights		Flight \$	# of Days	Airport/Hotel Parking \$
Inoter		All Haver	1000	other

IV. STRATEGIC OBJECTIVES AND FACILITIES CORE VALUES

Select the strategic objective and core value that is most closely aligned with this professional development opportunity.

Networking	Enhancing Customer Service	Enhancing Safety
Training/Skill Development	Stewarding Facilities Resources	Promoting Sustainability
Certification	Valuing the Environment	Valuing Inclusivity

V. PROFESSIONAL PRACTICE AND EMPLOYEE LEARNING GOAL

Give a brief narrative explaining how this professional development opportunity supports your goal or department goal.

VI. SIGNATURES/APPROVALS

Signature of Employee	Date	To be completed by Facilities Financial Management:			
		Per Diem	Reimbursement		
Signature of Immediate Supervisor	Date	Select Account Number to Use:			
		2102153 31	121237 Recharge L3		
Operations Use Only: Planned	Unplanned	_			
Approval by Director (Required for Unplanned Items)	Date	Approval by Facilities Financial Ma	anagement	Date	
Approval by FAEHS AVP (Required for Unplanned Items) Date	Approval by FAEHS Operations		Date	

For All Travelers:

- A signed and completed copy of the Facilities Professional Development pre-approval form is required for reimbursement.
- A copy of the conference agenda, travel, and accommodation details is required for reimbursement.
- Travel requests and expenses will not be permitted or reimbursed when outside the appropriate time frame of the training event.

Intra-State Travel Guidelines

In-state travel reimbursement is paid at a per diem rate based on travel length. Per diem rates are set by the state of Alabama for all state employees and can change. Please follow the link <u>In-State Travel - Financial</u> <u>Affairs | UAB</u> for current In-State Travel Guidelines. Per-diem covers accommodation and meals not provided at training/conferences. For in-state accommodation, employees should reserve/pay, and then submit reimbursement per diem claims.

Out-of-State Travel Guidelines

State Law specifies that an employee in Out-of-State travel status (with appropriate documentation) shall be reimbursed actual expenses for meals (up to applicable caps), lodging, and transportation. <u>Out-of-State Travel - Financial Affairs | UAB</u>

Itemized receipts for all lodging, meals, and transportation/parking are required for reimbursement.

<u>Meals</u>

- Itemized receipts for all meals are required for reimbursement. Alcohol is not permitted and should be deducted from receipts if purchased. Tips over 25% will not be reimbursed.
- Maximum allowable reimbursement for Out-of-State Travel meals (including tips):
 - Breakfast: \$25
 - Lunch: \$50
 - Dinner: \$75
- Employees cannot claim meals that are also included as a part of the accommodation and/or conference fees (i.e., free hotel continental breakfast or lunch provided by the conference).
- Reimbursement for alternative meals *may* be allowed if the employee purchased a meal for a legitimate business purpose, or if the provided meal does not meet dietary requirements, (a doctor's note will be required).

Hotel

- A final, itemized lodging receipt is required for reimbursement (when not pre-paid by UAB). The receipt must substantiate that the bill was paid, and the reimbursement being requested was not paid by UAB.
- UAB will reimburse the traveler for the hotel based on a single room rate.

Air Transportation

- Employees/Administrative Staff must use the UAB TRAVEL PORTAL when purchasing flights.
- First class tickets, priority boarding, and flight insurance are not permitted.
- Two checked bags may be reimbursed with receipts. Excess fee may be covered for trips longer than 5 days or where UAB materials need to be transported.

Ground Transportation

- Complimentary hotel/conference shuttle should be utilized if possible.
- Only reimbursements in conjunction with travel to/from the airport are permitted. Travel reimbursement for a meal is not permitted unless there is no food option at the accommodation or within reasonable walking distance (justification will be required).
- Car rentals (instead of ride share/taxi) may be permitted. Travelers must provide documentation on the Professional Development Pre-Approval form for the business need/justification of the car rental.