

Conference and Training Request Form

Employee Section

The employee attending the conference/training is responsible for filling out the information below. They should attach any information about the conference/ training (flyer, agenda, website, etc.) to this form to provide information so the unit director and FM Finance Department can grant approval.

Employee Name: _____ **Employee ID #** _____

Unit: _____ **Supervisor:** _____

Name of Conference/ Training (Circle One): _____

Conference/Training Provider: _____

Location: _____ **Date(s):** _____

Estimated cost associated with Training/ Conference		
Registration	Yes/No	\$
Hotel	Yes/No	\$
Air	Yes/No	\$
Car Rental/ Mileage	Yes/No	\$
Food	Yes/No	\$
Total Estimated Cost		\$

Please sign below acknowledging that you have approval from your supervisor to attend the training/conference and that the cost above is correct. Please note that if the total estimated cost is not accurate this could impact your ability to attend the conference/training.

Employee Signature: _____ **Date:** _____

Unit Director Approval

Please sign below acknowledging your approval for the employee to attend the conference/training. **By signing you are confirming that your unit's budget has the available funds** to pay for the request. Any questions regarding employee performance or position relevance should be directed to the employee's supervisor.

Unit Director Signature: _____ **Date:** _____

FM Finance Approval

Please send to Sonia Perez in the FM Finance Office once all above sections are completed. FM Finance Office will give final approval to attend the requested conference/training and may request additional information.

FM Finance Approval: _____ **Date:** _____