

FP&M Professional Development & Travel Request Form

- Complete all sections of this form and collect necessary approvals. **Please note: Incomplete forms will be returned.**
 - NOTE: If you are self-registering for free learning events through the Office of Talent Management (OTM) Catalog, you do not need to complete this form. However, you MUST notify your supervisor.
- Completed forms and supporting materials should be submitted to **FP&M HR/Training Email** at training@fpm.wisc.edu.
- All necessary approvals must be secured before travel arrangements are made.

| (1) JUSTIFICATION FOR PROFESSIONAL DEVELOPMENT | |
|--|---------|
| Name: | |
| Title: | |
| Email: | Phone#: |
| <i>Justification for request as it relates to job duties and how it will benefit both the employee and the University:</i> | |
| | |
| LOGIN INFORMATION – IF REQUIRED FOR REGISTRATION | |
| Username: | |
| Password: | |

| | | |
|---|--|------------------------------|
| <input type="checkbox"/> COURSE (2184) or <input type="checkbox"/> CONFERENCE (2840/2841) | | |
| Event Title: | | |
| Event Date(s): | Time: | |
| Vendor web link: | | |
| Event Address: | | |
| City: | State | Zip: |
| <input type="checkbox"/> MEMBERSHIP (3730) | <input type="checkbox"/> SUBSCRIPTION (3720) | |
| <input type="checkbox"/> CERTIFICATION - <input type="checkbox"/> EXAM - <input type="checkbox"/> CREDENTIAL (2623) | | |
| <input type="checkbox"/> RENEWAL | Expires on | <input type="checkbox"/> NEW |
| Title/Type: | | |
| Issuing Agency: | | |
| Certificate/License/Membership #: | | |

| (2) EXPENSES AND FUNDING – **An exact amount or best estimate is REQUIRED. If field is not applicable, mark the field with a zero. | | | | | |
|---|------------------|---------------------|----------|---------|--------------|
| Registration/Fees** | Transportation** | Lodging** | Meals** | Misc.** | Total Cost** |
| \$ | \$ | \$ | \$ | \$ | \$ |
| Funding Source Code** | Fund: | Department ID: 71 - | Program: | | |

| (3) JUSTIFICATION FOR TRAVEL EXPENSES – You are strongly encouraged to work with your FP&M travel coordinator to make travel arrangements. | |
|--|--|
| Date of Departure: | Date of Return: |
| Travel by: <input type="checkbox"/> Air <input type="checkbox"/> Rental Car <input type="checkbox"/> Fleet <input type="checkbox"/> Personal Car <input type="checkbox"/> NA | |
| For travelers only: This trip needs to be approved for the following reason(s): | |
| <input type="checkbox"/> Travel is essential & necessary for employee to perform duties. | <input type="checkbox"/> The employee is a conference presenter or panelist. |
| <input type="checkbox"/> The business could not be accomplished through other means (e.g. teleconference). | |
| <input type="checkbox"/> There were no alternative sites closer to campus that would result in lower travel costs. | |
| <input type="checkbox"/> This trip could not be postponed or canceled without significant fiscal consequences. | |
| <input type="checkbox"/> Other (please explain): | |

| (4) REQUIRED APPROVALS | |
|---|--|
| For professional development/training (total cost \$499 or less) | Employee (Traveler), Supervisor/Manager & Director |
| For professional development/training (total cost \$500 or more) | Employee (Traveler), Supervisor/Manager, Director & Core Leadership |
| In-state travel/training for university business | Employee (Traveler), Supervisor/Manager & Director |
| OUT-OF-STATE TRAVEL/TRAINING for university business | Employee (Traveler), Supervisor/Manager, Director, Core Leadership & FP&M Deputy AVC (Tennessee) |
| If you are traveling, you are responsible for complying with all UW travel policies & procedures. Failure to do so may result in being personally responsible for some or all expenses. You can learn more at http://www.bussvc.wisc.edu/acct/policy/ppindex.html . | |
| By signing this form, I agree to follow all applicable UW travel policies and procedures. | |
| Traveler Signature: _____ | Date: _____ |

| Approval Requests | Printed Name (Directors may circle your name) | Signature | Date |
|---------------------|---|-----------|------|
| Employee: | | | |
| Supervisor/Manager: | | | |
| Director: | Andrea Ladd, James Morrison, Jason Timm, Jeffrey Zebrowski | | |
| Core Leadership: | Christopher Strang | | |
| FP&M Deputy AVC: | Margaret Tennessee— Deputy AVC <i>(Signature REQUIRED for out-of-state travel)</i> | | |

| Training Office Use Only | | | |
|--|---|--|--|
| Data Entry | Registration | Payment | |
| <input type="checkbox"/> Scanned in P:\FP&M RequestForms | <input type="checkbox"/> Web <input type="checkbox"/> Email <input type="checkbox"/> Scan | <input type="checkbox"/> ProCard <input type="checkbox"/> Direct Payment <input type="checkbox"/> Funding Transfer | |
| <input type="checkbox"/> OHRD Entry | <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Mail | <input type="checkbox"/> Other (Explain): | |
| Date/Initials: | Date of Registration: | Date of Payment: | |