

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#: |
| Justification for request as it relates to job duties and how it will benefit both the employee and the University: | |
| 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: | Susan Fritts, Patrick Kass (interim), Lori Wilson | | |
| Core Leadership: | Margaret Tennesen | | |
| FP&M Deputy AVC: | Margaret Tennesen— Deputy AVC (Signature REQUIRED for out-of-state travel) | | |

| 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"/> ProCard |
| <input type="checkbox"/> OHRD Entry | <input type="checkbox"/> Phone | <input type="checkbox"/> Fax | <input type="checkbox"/> Direct Payment |
| | <input type="checkbox"/> Mail | | <input type="checkbox"/> Funding Transfer |
| Date/Initials: | Date of Registration: | | Date of Payment: |