

Chan Division of Occupational Science and Occupational Therapy
Travel and Professional Development Travel Support Request — Faculty, Staff, Post-docs

Name of requestor: _____

*Even if your travel is funded by another organization, you must complete this form.

Faculty/staff/post-doc: Faculty Staff Post-doc
Employment status: Full-time Part-time 9 months 12 months
(check all that apply)

Conference/Event Information (to be completed by requestor)

Name of conference/event: _____

City: _____ State: _____ Country: _____

Dates of conference/event: _____

Dates of requested time off: _____

_____ paid workday/s _____ paid time off/vacation day/s

Business purpose (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Scientific or professional conference | <input type="checkbox"/> Global Initiatives |
| <input type="checkbox"/> Continuing education/training course | <input type="checkbox"/> China Initiative |
| <input type="checkbox"/> Required administrative meeting (e.g., Program Directors, Academic Leadership Council, Academic Fieldwork Council) | <input type="checkbox"/> Service trip (e.g., Ghana FW supervision) |
| <input type="checkbox"/> Event | <input type="checkbox"/> Invited lecture |
| | <input type="checkbox"/> Other (please specify): _____ |

Presentation Information (to be completed by requestor)

For multiple presentations, please use the additional space provided at the end of this form.

Are you presenting in person? Yes No

If you are presenting, check all that apply:

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> First author | <input type="checkbox"/> Co-author | <input type="checkbox"/> Invited/keynote address |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Oral paper | <input type="checkbox"/> Workshop <input type="checkbox"/> Short course |
| <input type="checkbox"/> Other: _____ | | |

Presentation title: _____

Presentation length: _____ hour/s _____ minute/s

Authors: _____

List all authors (last names only) in order of authorship/contribution

Have you presented this content elsewhere? Yes No

If **Yes**, provide justification why you should present the same material again: _____

Funding Request (to be completed by requestor)

Do you have any existing travel funding (such as a grant)? Yes No

If **Yes**, describe source and amount: _____

Complete category of travel and detailed cost estimates below ONLY if you are requesting Division travel funds. See policy for details.

- Category of travel:** Category 1 (Faculty travel to OS/OT-specific conferences —scholarly presentations)
 (see policy for details)
- OTAC (maximum \$600)
 - AOTA Annual Conference (maximum \$1500)
 - SSO: USA (maximum \$1000)
 - OT Summit (Education or Research; maximum \$1000)
 - WFOT (applies only every 4th year; maximum \$2200)
- Category 2 (Faculty travel to all other conferences/events)
 Category 3 (Post-docs and staff travel to conferences/events)

For Category 2 and Category 3 requests (not Category 1), complete the following cost estimates:

Reimbursable categories	Vendor	Rate (including taxes)	Days	Estimated costs	Amount requested from any Division source
Airfare					
Car rental (days x rate)					
Local mileage (miles x rate)					
Taxi or shuttle					
Hotel/lodging					
Meals*					
Registration					
Poster printing					
Grand totals					

* Only for administrative/required trips — see policy

Notes (e.g., other considerations; arrangements made to cover classes): _____

Routing Instructions

- Faculty and staff primarily engaged in patient care should submit their requests to **Dr. Katie Jordan**.
- Faculty and staff primarily engaged in teaching, admissions, and fieldwork coordination should submit their requests to **Dr. Julie McLaughlin Gray**.
- Faculty and staff involved primarily in IT, Continuing Education, Global Initiatives, Marketing/Communications, and Special Events, should submit their requests to **Dr. Sarah Bream**.
- Faculty, post-docs, and staff primarily engaged in research should submit their requests to **Dr. Grace Baranek** through December 2017, and then to **Dr. Mary Lawlor** starting January 1, 2018.
- Associate Chairs should submit their requests to **Dr. Grace Baranek**.

Approval (to be completed by Associate Chair / Chair)

Time off approval:

- Yes Comments/coverage: _____
- No Comments: _____

Reimbursement approval:

- Yes Amount approved: _____
- Category 1 Category 2 Category 3
- Source of funding:
- Division Faculty startup/res. fund
- Grant: _____ Other: _____
- No Reason denied: _____
- Comments: _____

Approver:

Associate Chair signature Date

Associate Chair name

Approver:

Dr. Grace Baranek signature Date

Associate Dean and Chair, Chan Division of OS/OT

Additional Presentation Information (to be completed by requestor, if needed)

If you are presenting, check all that apply:

- First author Co-author Invited/keynote address
 Poster Oral paper Workshop Short course
 Other: _____

Presentation title: _____

Presentation length: _____ hour/s _____ minute/s

Authors: _____

List all authors (last names only) in order of authorship/contribution

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- First author Co-author Invited/keynote address
 Poster Oral paper Workshop Short course
 Other: _____

Presentation title: _____

Presentation length: _____ hour/s _____ minute/s

Authors: _____

List all authors (last names only) in order of authorship/contribution

Have you presented this content elsewhere? Yes No

If **Yes**, provide justification why you should present the same material again: _____

