

**Chan Division of Occupational Science and Occupational Therapy**  
**Travel and Professional Development Travel Support Request — Faculty, Staff, Post-docs**  
**(Effective July 1, 2023 – June 30, 2024)**

**Traveler/Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*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 the requestor)**

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

**Are you presenting/speaking in person or virtually?** ☐ Yes, in person ☐ Yes, virtual ☐ 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"/> Other: _____ | <input type="checkbox"/> Short course |                                                  |

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 or start-up fund)? ☐ 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 (Full-time faculty travel to OS/OT-specific conferences — scholarly presentations)

(see policy for details)

☐ OTAC (Fall 2023 — maximum \$1,000; Spring 2024 — \$1,500)

☐ AOTA Annual Conference (maximum \$2,500)

☐ SSO: USA (maximum \$1,500)

☐ OT Summit (☐ Education or ☐ Research; maximum \$2,000)

☐ Category 2 (Faculty travel to all other conferences/events. Note: if you are not the primary presenter, or are not presenting at all, please provide additional justification on the following page.)

☐ Category 3 (Post-docs and staff travel to conferences/events)

Please note that retired faculty and adjunct faculty are not eligible for conference travel reimbursement.

**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					
Registration					
Poster printing					
Grand totals					

If you are not the primary presenter, or are not presenting at all, please provide additional justification for your attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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. Mary Lawlor**.
- Associate Chairs should submit their requests to **Dr. Grace Baranek**.
- All reimbursements need to be submitted within 30 days of returning from the trip. All reimbursements submitted within 60 days of the trip date will become taxable income.

## 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:**

- |                                       |                                     |                                                  |                                       |
|---------------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------|
| <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: \_\_\_\_\_

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**If you are presenting, check all that apply:**

- |                                       |                                     |                                                  |                                       |
|---------------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------|
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If **Yes**, provide justification why you should present the same material again: \_\_\_\_\_

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