

Chan Division of Occupational Science and Occupational Therapy
Travel and Professional Development Request Form
(July 1, 2024 – June 30, 2025)

Requestor should fully complete pages 1-3

Traveler/Requestor Information

Name: _____ Date: _____

*Even if funded by another organization, please complete this form for approved time off.

Faculty/staff/post-doc: Faculty Staff Post-doc

Employment status(check all that apply):
 Full-time Part-time Adjunct/Retired
 9 months 12 months

Conference/Event Information

Name of conference/event: _____

City/State: _____ Country: _____

Dates of conference/event: _____

Dates of requested time off: _____

_____ # paid workdays _____ # paid time off/vacation days

Travel/event 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"/> Event | <input type="checkbox"/> Service trip (e.g., Ghana FW supervision) |
| <input type="checkbox"/> Required administrative meeting (e.g., ALC, AOTA Board): _____ | <input type="checkbox"/> Invited lecture |
| _____ | <input type="checkbox"/> Other (please specify): _____ |
| _____ | _____ |

Presentation Information

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"/> Short course |
| <input type="checkbox"/> Other: _____ | | |

Primary presentation title: _____

Presentation length: _____ hours _____ minutes

Authors: _____

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

Have you presented this content elsewhere? Yes No

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

NOTE: If you have multiple presentations at the same conference, please use the additional page (p. 5) provided at the end of this document.

COST ESTIMATES AND FUNDING SOURCES

Do you have any existing travel funding (such as a grant or start-up fund)? Yes No

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

Complete itemized cost estimates below:

Reimbursable categories	Vendor	Rate (including taxes)	Days	Estimated cost	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					
Estimated total					

All awards are subject to availability of funds during any fiscal year.

- As a guide for primary presenters (first authors), the maximum amounts for specific conferences are listed below.
- If you are not the primary presenter, or are not presenting, please provide additional justification for in-person attendance below (partial funding will be considered based on rationale and availability of funds).
- Virtual attendees will receive reimbursement only for the costs of registration.
- Retired, voluntary and adjunct faculty are not eligible for conference travel reimbursement.

Conference	Maximum Amount
OTAC (Fall 2024)	\$1,000
OTAC/Western Regional (Spring 2025)	\$1,500
AOTA Annual Conference (ALC /FW Educator Meeting Add-on)	\$2,500 (\$700)
OT Summit of Scholars	\$2,500

AOTA Specialty Conferences: Entrepreneurship, Adult Rehabilitation, Mental Health, Education Summit, Children & Youth.	\$2,000
AOTF Engage Summit	\$2,000
INSAR	\$2,500
SSO: USA	\$1,800

If you are not the primary presenter, or are not presenting at all, please provide additional justification for your in-person attendance here:

Routing Instructions:

Please fill out one travel request form for each conference/event at your earliest convenience, ideally 2-3 months prior to travel, and email the completed form to your supervisor (i.e., person who completes annual performance evaluation/merit review). **Also, submit documentation of acceptance of each presentation along with your travel request.**

The supervisor needs to approve your time off and understand how responsibilities will be covered. If the supervisor is not an Associate Chair (AC), they will route next to the AC as indicated below. Supervisors/ACs are asked to review and respond as quickly as possible, ideally within 2-4 weeks of the submission.

- Faculty/staff primarily engaged in patient care should submit requests to Dr. Chantelle Rice Collins.
- Faculty/staff primarily engaged in teaching, admissions, and fieldwork coordination should submit requests to Dr. Julie McLaughlin Gray.
- Faculty/staff involved primarily in IT, continuing education, global initiatives, marketing/communications, and special events should submit requests to Dr. Sarah Bream.
- Faculty/staff/post-docs primarily engaged in research should submit requests to Dr. Mary Lawlor.
- Associate Chairs should submit their own requests to Dr. Grace Baranek.
- Once AC signs off, the form will be routed to the Associate Dean/Chair’s office for administrative processing (by Sonia DeMesa/Stephanie Lee)

All travelers must adhere to USC University Travel Policies posted at <https://sites.usc.edu/procurement/travel-expense/request-reimbursements/> and the Chan Travel Policy 2024-2025 posted at <https://chan.usc.edu/resources/forms-and-documents>

All itemized receipts need to be submitted for reimbursement within 30 days of returning from the trip. All reimbursements submitted within 60 days of the trip date will become taxable income.

Supervisor/Associate Chair should complete the following section and sign off:

Time off approval:

Yes Comments/coverage: _____

No Comments: _____

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

Supervisor (for staff/post-docs):

Supervisor name

Supervisor signature

Date

Reimbursement approval:

Yes Total amount approved: \$ _____

Source(s) of funding and amounts:

Division travel fund \$ _____

Faculty startup/research fund \$ _____

Grant (name _____) \$ _____

Other source of funding (name _____) \$ _____

No Reason denied: _____

Other Comments: _____

Associate Chair Approval:

Associate Chair name

Associate Chair signature

Date

Associate Dean and Chair Approval (as needed):

Dr. Grace Baranek signature

Date

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

If you have a second presentation at this same conference, 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

Have you presented this content elsewhere? Yes No

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

If you have a third presentation at this same conference, 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

Have you presented this content elsewhere? Yes No

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

