

PROFESSIONAL DEVELOPMENT REQUEST FORM

- At least one month prior to the event: 1. Complete this form and attach required documentation*.
2. Review travel guidelines. 3. Send completed form and attachment to FAEHS Operations Training Specialist.
4. You will be notified by FAEHS Operations via email upon approval.*

I. CONTACT INFORMATION

FIRST NAME	LAST NAME	EMPLOYEE ID
BLAZER ID	DEPARTMENT / JOB TITLE	SUPERVISOR / DIRECTOR / AVP

II. WORKSHOP/CONFERENCE INFORMATION

NAME OF CONFERENCE/WORKSHOP	NAME OF ORGANIZATION Dues paying member of this organization.
\$ _____ Registration Fee No Fee Associated Total Training Hours: _____	DATE(S) OF WORKSHOP/CONFERENCE/TRAVEL Date(s): _____ Location: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> SunMonTuesWedThursFriSat </div> For overnight travel, please complete the dates below. Departure Date: _____ Return Date: _____

*Documentation required to be submitted with form should include registration information (including cost), agenda, summary description of conference or workshop, travel pre-approval form, etc.

III. REQUESTED AMOUNT OF ESTIMATED REIMBURSEMENT

Please estimate amount for each applicable category below.

<u>Hotel</u>	<u>Air Travel</u>	<u>Food</u>	<u>Other</u>
Hotel: # of nights	Flight \$	# of Days	Airport/Hotel Parking \$
Hotel per night \$	Baggage Fees \$	Amt. Per Day	Car Rental \$
Hotel Total \$	Transportation \$	Total Meal \$	Personal Car \$
	<i>(round trip airport to hotel only)</i>		<i>(Enter Mileage Estimate)</i>
	Air Travel Total \$		Other Total \$
Total Above: \$ _____		+ Registration Fee for GRAND TOTAL: \$ _____	

IV. STRATEGIC OBJECTIVES AND FACILITIES CORE VALUES

Select the strategic objective and core value that is most closely aligned with this professional development opportunity.

Networking	Enhancing Customer Service	Enhancing Safety
Training/Skill Development	Stewarding Facilities Resources	Promoting Sustainability
Certification	Valuing the Environment	Valuing Inclusivity

V. PROFESSIONAL PRACTICE AND EMPLOYEE LEARNING GOAL

Give a brief narrative explaining how this professional development opportunity supports your goal or department goal.

VI. SIGNATURES/APPROVALS

Signature of Employee	Date	To be completed by Facilities Financial Management:	
		Per Diem	Reimbursement
Signature of Immediate Supervisor	Date	Select Account Number to Use:	
		2102153	3121237 Recharge L3
Operations Use Only: Planned Unplanned			
Approval by Director (Required for Unplanned Items)	Date	Approval by Facilities Financial Management Date	
Approval by FAEHS AVP (Required for Unplanned Items)	Date	Approval by FAEHS Operations Date	

UAB Facilities Division
Professional Development Program Guidelines

Department/Employee Level: At least one month prior to the date of a conference or training, the employee must complete the Professional Development Request Form with all estimated travel expenses **and** attach documentation for the applicable conference or training. For questions relating to Professional Development please call Facilities Training at 934-1054.

No travel arrangements should be completed or paid for until final approval is received. After final approval, FAEHS Operations will email a copy of the approved form to the employee and the appropriate administrative staff member to process any payments for this event using the account number listed on the form as assigned by the Facilities Financial Management department. Some items should be paid with a University P-card such as Conference Registration, Airfare and Hotel.

The employee ensures that they:

- Review the travel guidelines link <http://uabfinancial.infomedia.com/content.asp?id=208886>
- Employee signs the form
- Obtains signature of Immediate Supervisor on the form
- Provides the form to the appropriate administrative staff member or FAEHS Operations

The Immediate Supervisor ensures that they:

- Review the travel guidelines link <http://uabfinancial.infomedia.com/content.asp?id=208886>