

REQUEST TO ATTEND PROFESSIONAL CONFERENCE  
OR CONTINUING EDUCATION COURSE

Name: \_\_\_\_\_

Conference/course title: \_\_\_\_\_

Conference/course dates: \_\_\_\_\_ Conference/course location: \_\_\_\_\_

Conference/course registration fee: \_\_\_\_\_

**Travel expenses**

Flight: \_\_\_\_\_ (Flights and hotels must be booked through World Travel per USAHS policy) Mileage: \_\_\_\_\_ OR Car Rental: \_\_\_\_\_

Total Hotel expense: \_\_\_\_\_ (Conference headquarters which offer APTA/FPTA discounts are the only exception) Total Meals: \_\_\_\_\_

Travel day meal reimbursement allowances:	Outgoing Flights:		Return Flights:
	Prior to 10am:	All meals	Breakfast only
	After noon:	Lunch and Dinner	Breakfast and Lunch
	After 5pm:	Dinner Only	All meals

Total requested reimbursement: \_\_\_\_\_

Dates absent from campus: \_\_\_\_\_

Coverage Plan – Please specify who will cover your classes and labs while you are away from campus including your quarantine period (if applicable).

Check any of your annual performance categories that will be addressed by attending this conference/course:

Teaching Performance	Scholarship	Service	Administration	Professional Behaviors	Use of Release Time
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Explain why your participation at this conference/course will help you achieve your annual performance objectives:

Please check one:

- \_\_\_\_\_ I am fully vaccinated.
- \_\_\_\_\_ I am not vaccinated or I choose not to disclose.
- \_\_\_\_\_ (I understand that I must follow the University reentry protocols and [CDC travel guidelines.](#))

\_\_\_\_\_  
Faculty member's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean's signature

\_\_\_\_\_  
Date