

## Checklist for Professional Development

### Employee Travel

Before travel:

|  |   |   |
|--|---|---|
|  | <a href="#">Travel Authorization Form</a>                         | See the policies and procedure for exceptions                     |
|  | <a href="#">Out-of-State Essential Travel Authorization Form.</a> | For all Out-of-State Travel. President's approval required        |
|  | Certificate of Exemption (Tax Exempt) Form                        | To prevent tax being charged to a purchase or acquisition         |
|  | Professional Development Application                              | If the expense will be charged to Professional Development funds. |

After travel:

|  |  |  |
|--|--|--|
|  | <a href="#">Travel Expense Account Settlement Form (TES)</a> | For all travel   |
|  | List of travelers  | If Group Travel  |
|  | Mileage  | No Documentation Required<br>Mileage Rate X # of Miles From/To Destination via closest route                                   |
|  | Air  | Reservation Information, Copy of Ticket and Itemized Receipt   |
|  | Vehicle Rental   | Agreement, and Itemized Receipt  |
|  | Lodging  | Portfolio or Agreement and Itemized Receipt  |
|  | Meals (Group Travel Only)                                    | Itemized Receipt   |
|  | Meals (Personal)   | Do Not Pay via P-Card. Travel Expense Settlement Form, and Itemized Receipt  |
|  | Gas  | Itemized Receipt   |
|  | Registration/ Entry Fee                                      | Registration Form and Itemized Receipt   |
|  | Food/ Non-Alcoholic Beverages                                | Itemized Receipt   |
|  | Brief Report   | 1000 Words, single spaced. (When, Where, and how it applies to position/duties/responsibilities at Glenville State University) |

### Student Travel (additional forms needed)

You must provide funding information for student's travel expenses along with your application

|  |   |   |
|--|---|---|
|  | <a href="#">Travel Authorization Form</a> | See the policies and procedure for exceptions |
|  | <a href="#">W9 for student</a>            |   |

### Group Travel (additional forms needed)

|  |   |  |
|--|---|--|
|  | <a href="#">Travel Authorization Form</a> for each person | See the policies and procedure for exceptions      |
|  | Individual meal receipts for each person                  | This includes if one person pays for someone else. |

### Coursework

|  |   |  |
|--|---|--|
|  | <a href="#">Requisition</a>             | See the policies and procedure for exceptions                      |
|  | Beginning and ending date of the course | Note this information on your Professional Development Application |
|  | Final Grade for the course              |  |

## Working Condition Educational Fringe Benefit - General Guide

|  |  |
|--|--|
| Is the education needed to meet the minimum educational requirements of the position?                  | No – The educational reimbursement is <u>NOT</u> taxable.<br>Yes - The educational reimbursement is taxable  |
| Is the education part of a program of study that can qualify the employee for a new trade or business? | No – The educational reimbursement is <u>NOT</u> taxable.<br>Yes - The educational reimbursement is taxable  |
| Is the education required by the employer, or by law, to keep the present salary, status or job?       | No – The educational reimbursement is taxable.<br>Yes - The educational reimbursement is <u>NOT</u> taxable. |
| Does the education maintain or improve skills required in doing the present work?                      | No – The educational reimbursement is taxable.<br>Yes - The educational reimbursement is <u>NOT</u> taxable. |

\*Note: Accumulative amount up to \$5250 can be exempt from tax status.



## FACULTY APPLICATION FOR PROFESSIONAL DEVELOPMENT FUNDS

Name of Applicant: \_\_\_\_\_  
Title of Applicant: \_\_\_\_\_  
Category of Activity: \_\_\_\_\_

Dates of Activity/Course: \_\_\_\_\_  
Department: \_\_\_\_\_

Description of Activity (Brief Description): (Attach meeting or event program, if applicable) (Char. Count 500)

Title of Meeting, Conference, or Event: \_\_\_\_\_  
Location: \_\_\_\_\_

If presenting, please list title of paper, presentation or performance, and authors (Char. Count 500)

If serving as board member, society officer or organizer, please list function at meeting (Char. Count 500)

Explain how this activity fits into your overall faculty development plan: (Attach additional pages if necessary) (Char. Count 500)

**Budget Breakdown:** Please provide a breakdown of accurate and detailed cost information for each category, where applicable:

|                        |                |                          |
|------------------------|----------------|--------------------------|
| Airfare: _____         | Lodging: _____ | Registration fees: _____ |
| Mileage: _____         | Meals: _____   | Other: _____             |
| <b>Total: \$</b> _____ |                |                          |

If you are receiving funding from other sources for this activity/project, please specify source and amount.

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Less funding from other source: \_\_\_\_\_

*\*Faculty awarded professional development funds must submit an abstract with a minimum of 250 words of activities and a Travel Expense Settlement within two weeks following the conclusion of the funded activity to Academic Affairs. **Food, drinks, and gratuity must be paid for out-of-pocket and cannot be charged to a state pcad.** Refer to page 2 for proper documentation required. Though funding will be allocated for each time period, available funding will be limited. It will be up to the discretion of the Office of Academic Affairs to determine the amount awarded in response to each funding request up to the maximum allotted. Once the maximum funding is awarded, additional funding may not be available until the next academic year. **Reimbursement will be held until the abstract is presented to the Academic Affairs office.***

Signature of Applicant: \_\_\_\_\_ Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved ☐ Denied ☐ Amount Approved \_\_\_\_\_

Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(for non-travel reimbursement)

CFO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(for non-travel reimbursement)



**GLENVILLE**  
**STATE UNIVERSITY**

### **Request to Transfer Professional Development Funds**

I, \_\_\_\_\_, hereby agree to transfer:

☐ A portion of my available balance

Amount: \_\_\_\_\_

☐ All of my remaining balance

I agree to transfer the above amount to:

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

Department: \_\_\_\_\_

By agreeing to this transfer of my Professional Development Fund, I understand that the funds transferred will no longer be available to me.

**Transfer from Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Transfer to Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*For Academic Affairs office only\*\***

Balance Remaining: \_\_\_\_\_

Total Amount transferred to Date: \_\_\_\_\_

This transfer was processed by: \_\_\_\_\_