**College of Agricultural Sciences**

**Staff Travel Plan Form**

for Professional Development and/or Conference Travel

*(Submit a separate form for each staff member)*

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if: exempt non- exempt\*

Business purpose of the professional development or conference; what are the staff development plans/needs for the fiscal year and how will the travel address them?

Specific explanation of how the unit will benefit from staff taking the professional development:

Please list all proposed professional development travel or conference(s):

Dates of proposed travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated cost of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location(s) of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget to be charged (per trip if there are multiple sources):

\* If non- exempt - will overtime be incurred or will employee work flexible schedule? If the latter, please specify for each trip.

Staff Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Complete form and submit via email preferably close to the start of the fiscal year but at least 4 weeks in advance of the first proposed trip to:

**Lesley Maalouf**, Financial Officer, College of Agricultural Sciences at lzm6@psu.edu

209 AG Admin Bldg. Phone: 814-865-6645 Fax: 814-863-0515