

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: _____

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