

St. Clair County Community Mental Health Conference/Training/Meeting Request

This request is to be completed for all **EXTERNAL** Conferences, Trainings & Meetings. Please see page 2 for further instructions regarding this form.

Staff Name: _____ Date Submitted to Supervisor: _____

Event Name: _____

Date(s): _____ Location: _____ ***Please attach copy of brochure/flyer/email to this request.**

Is this Conference, Training, or Meeting:

- 1. Mandatory:** Stipulated by regulatory bodies, as written in the applicable standards, rules, and codes. ☐ Yes ☐ No
- 2. Performance Improvement:** Areas of improvement identified by the supervisor from the FJTL and Evaluation. ☐ Yes ☐ No
- 3. Skill Building:** Designed to expand/enhance current satisfactory job performance, skills, or abilities, as related to the FJTL. ☐ Yes ☐ No

***It is the employee's responsibility to register for the conference/training after obtaining supervisor approval.**

A completed registration form from the event must be submitted, along with this request, to the SCCCMH Training Dept. Tech at least **three (3) weeks prior to the event's registration payment deadline** to ensure timely payment.

Registration Fee:

Payment Information: ☐ CMH Credit Card ☐ by Check ☐ Staff Already Paid – Requesting Reimbursement

Conference Confirmation #: _____ ☐ Receipt Attached Registration Fee: \$ _____

Agency Vehicle Used: (always use agency vehicle unless otherwise approved by supervisor)

☐ Yes (I have obtained an agency vehicle) ☐ No (must obtain supervisor's signature) _____

Estimated Hotel Expense:

Name of Hotel: _____ Hotel Phone Number: _____

Address of Hotel: _____

Cost per Night: _____ Number of Nights: _____ Check-In Date: _____ Check-Out Date: _____

Name of Staff Sharing the Room (if applicable): _____ Discount Codes: _____

Occupancy/County Tax Percentage: _____ Tax Amount: _____ Confirmation #: _____

Estimated Cost of Hotel Stay: \$ _____

Total Estimated Cost of Attendance (including both registration & hotel stay): \$ _____

Supervisor: Staff must complete form [#0603 Conference/Training Follow Up Report](#)? ☐ Yes ☐ No

Immediate Supervisor Signature Date ☐ Recommended ☐ Not Recommended

Service Director Signature Date ☐ Approved ☐ Not Approved

Chief Clinical Officer Signature Date ☐ Approved ☐ Not Approved

MUST OBTAIN BOTH SIGNATURES FOR ALL OUT OF STATE CONFERENCES/TRAININGS/MEETINGS

Chief Operating Officer Signature Date ☐ Approved ☐ Not Approved

Chief Executive Officer Signature Date ☐ Approved ☐ Not Approved

For Training Dept. Use Only:

Training registration & materials attached & ready for payment (initial/date given to Finance Dept): _____

Hotel registration & materials attached and ready for payment (initial/date given to Finance Dept): _____

Finance: please return a copy of the hotel confirmation letter & check to the Training Dept. Tech before mailing out.

Instructions for Conference/Training/Meeting Request:

1. Out-of-state conference requests will not be processed without prior approval from the Chief Operating Officer and Chief Executive Officer. Upon approval, the Executive Secretary processes these requests.
2. **Employee:** The Training Dept. Tech will assist with registration payment for conferences, trainings, and meetings utilizing an agency credit card or agency check.

Note: The Training Dept. Tech will be unable to successfully complete registration unless all the necessary information is included on this form.

3. **Employee:** Fills form out with necessary information and forwards completed form to their immediate supervisor for recommendation. A completed request requires both the registration information and hotel accommodation information to be completed (*when applicable*).

Note: If the form is not complete or is given to the Training Dept. late (less than three (3) weeks prior to the registration payment deadline date), the form will be returned to the staff member and will be their responsibility to complete.

4. **Employee:** Attaches a copy of the Flyer/Brochure/Email that includes the mailing address AND/OR a copy of the completed registration form (if applicable) to this form when submitting this form to the Training Dept. Tech.

Note: The Training Dept. Tech will be unable to process a payment if any necessary information is missing.

5. **Employee:** You must request and get approval for the use of an agency vehicle when attending a conference/training/meeting where travel is necessary. The employee reserving an SCCCMH agency vehicle needs to email King Thomason (KThomason@scccmh.org) to request a vehicle, including the following details in the request: required vehicle size, date and time of pick up, as well as date and approximate return time. Be sure to also include travel time between destinations, as well as the destination's address and zip code.
6. **Employee:** Makes final arrangements with Training Dept. Tech to attend conference/training/meeting. If approved, Training Dept. Tech will ensure final payments are issued for registration fees and hotel accommodations.

Note: Per hotel rules, the employee must present a **personal** credit/debit card at check-in for any incidentals.

7. **Employee:** Within the month following the conference, submits the expenses occurred at the conference on form [#0260 Travel/Expense Voucher](#), in accordance with Administrative Procedure [#07-003-0020 Travel and Business Reimbursement](#).
8. **Employee:** Completes form [#0603 Conference/Training Follow-Up Report](#) within 1 (one) week of training, if deemed necessary by their supervisor.