

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

This request is to be completed for ALL EXTERNAL CONFERENCES/WORKSHOPS.

Staff Name: _____ Date Submitted to Supervisor: _____
Name of Conference/Workshop: _____
Date(s) of Conference/Workshop: _____ Location: _____

IS THIS CONFERENCE/TRAINING:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Mandatory: Stipulated by regulatory bodies, as written in the applicable standards, rules and codes. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Performance Improvement: Areas of improvement identified by the supervisor from the Functional Job Task List and Evaluation. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Skill Building: Designed to expand or enhance current satisfactory job performance, skills or abilities, as related to the Functional Job Task List. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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

A completed conference/training registration must be submitted, along with this form, to the SCCCMHA Training Department for payment a **minimum of three (3) weeks prior to the conference/training registration payment deadline**, along with all supporting documentation. (See instructions on page 2).

Registration Fee:

Make Check Payable for Conference to: _____
Conference Confirmation Number: _____ **Registration Fee:** \$ _____

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

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

Estimated Hotel Expense: (staff members of the same gender must share hotel room)

Name of Hotel: _____ Hotel Phone Number: _____
Address of Hotel: _____
Hotel Cost per night: _____ Number of Nights: _____ Check-In Date: _____ Check-Out Date: _____
Name of SCCCMH staff sharing the room (if applicable): _____ Discount Codes: _____
Occupancy/County Tax Percentage: _____ Tax Amount: _____ Confirmation #: _____
Estimated Cost of Hotel: \$ _____

Total estimated cost of conference/training including hotel and any other expenses applicable: \$ _____

| | | | |
|--|--------------------------------------|--|--|
| Immediate Supervisor: _____ | Recommended <input type="checkbox"/> | Not Recommended <input type="checkbox"/> | |
| Assistant Division Director: _____ | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | |
| Division Director: _____ | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> | |
| Staff must complete Conference/Training Follow-Up Report (per supervisor): Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

OBTAIN BOTH OF THE FOLLOWING SIGNATURES FOR ALL OUT-OF-STATE CONFERENCES/TRAININGS

| | | |
|--------------------------------|-----------------------------------|---------------------------------------|
| Chief Operating Officer: _____ | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> |
| Chief Executive Officer: _____ | Approved <input type="checkbox"/> | Not Approved <input type="checkbox"/> |

FOR TRAINING DEPARTMENT USE ONLY:

Training registration and materials attached and ready for payment (initial/date given to Finance Dept.): _____
Hotel registration and materials attached and ready for payment (initial/date given to Finance Dept.): _____
Finance please return a copy of the hotel confirmation letter and check to the Training Dept. secretary before mailing.

Instructions for Conference/Training Request

1. Out-of-state conference requests will not be processed without prior approval from the applicable Associate Director and the Executive Director. The Executive Secretary processes these requests.
2. **EMPLOYEE:** makes their own registrations for conferences/trainings via telephone noting that we are a tax-exempt agency.

The Training Department Secretary will be unable to process a check unless the necessary information is submitted.

3. **EMPLOYEE:** Sends completed and approved Conference/Training/Workshop Request Form #602 to Training Department Secretary. A completed request will require both the registration information and the hotel accommodations information completed when applicable. If the form is not complete or is given to the Training Department late (not within 3 weeks prior to the conference/training registration payment deadline date), it will be returned to the staff member and will be the staff member's responsibility to complete.

EMPLOYEE: ATTACHES A COPY OF THE CONFERENCE FLYER WITH MAILING ADDRESS AND/OR COPY OF COMPLETED REGISTRATION FORM. (if applicable). The Training Department Secretary will be **unable** to process a check unless the necessary information is submitted.

4. **EMPLOYEE:** You must use an agency vehicle for all conferences where travel is necessary unless approved by your supervisor. The **EMPLOYEE** reserving a SCCCMHA agency vehicle for a conference/training/workshop needs to email King Thomason requesting a vehicle, including size, the date and time of pick up plus, date and approximate return time. This should include travel time between destination and origin, and the destination including address and zip code.
5. **EMPLOYEE:** Makes final arrangements to attend conference/workshop, if approved - such as ensures final checks are issued for registration fees and hotel accommodations. Please note per hotel rules, **EMPLOYEE** must have a credit/debit card at check-in for any incidentals.
6. **EMPLOYEE:** Submits, with other expenses, within the month following the conference, the expenses incurred at the conference on the regular SCCCMHA Travel/Expense Voucher (Form #260), in accordance with SCCCMHA Travel and Business Reimbursement policy #07-003-0020.
7. **EMPLOYEE:** Completes conference/training/workshop follow-up report within one week of training if deemed necessary by their supervisor.