



Title III Workshop Attendance Authorization Form

• Please submit this form 30 working days prior to travel • Supporting documentation required
• Presentations by employee not allowed @ conference/workshop • \$2,000.00 limit per request • 2 requests per year limit

Date:		Check one:	Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>	Administrator <input type="checkbox"/>
Name (print):			Title (print):		
Department:			Phone #:		
Supervisor/Manager Name (print):			Title:		
Employee Status:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Contract <input type="checkbox"/>		
Name/Title of Conference/Workshop: (please include URL link to the conference/workshop website)					Amount Requested:
Date(s) held:		Location:			
Justification for Attendance/Benefit to University					
1. (Select only one answer to the question) Is the workshop or conference because...					
A. <input type="checkbox"/> It's a requirement or essential for my current position					
B. <input type="checkbox"/> It's an enhancement to or for further development in my current role					
C. <input type="checkbox"/> I am preparing for a new role within the same department					
2. Describe how knowledge/skill will be used to assist you in your current or future position.					
3. If you did not select "A, B or C" for question #1, explain the need to attend the conference/workshop.					
Please itemize the budget for the conference/workshop (supporting documentation required):					
Airfare/Amtrak/Rental:		Parking:			
Mileage:		Meals: (Per Diem):			
Registration:		Lodging: Exception <input type="checkbox"/>			
Taxi/Shuttle/Uber/Lyft:		Baggage and/or Internet:			
Tolls:		Grand Total:			
Travel Request Approvals					

Signature of Traveler	Date	Signature of Title III Activity Director	Date
(For Staff & Administrators) Signature of Supervisor	Date	(For Faculty) Signature of Chairperson	Date
		(For Faculty) Signature of Dean	Date
(For Staff & Administrators) Signature of V.P.	Date	(For Faculty) Signature of Provost & V.P. for Academic Affairs	Date
		(Signature of Title III Director	Date

Title III Action		
<input type="checkbox"/> Awarded	Date:	Amount:
<input type="checkbox"/> Denied	Date:	Reason for denial: