

**University of Connecticut Health Center
Employee Conference Fee Reimbursement Request
for University Health Professionals**

Part I. EMPLOYEE'S INFORMATION:

Employee Name _____ E-Mail Address _____
Percentage Employed _____ Employee SSN # _____
Employee Job Title _____ Home Phone # _____
Department & Mailcode _____ Work Phone # _____

FOR HR USE ONLY:

Part II. CONFERENCE INFORMATION Fiscal Year _____

Note: UHP Conference Reimbursement is limited to \$450 per fiscal year.

Institution Offering Conference: _____

Institution Address: _____

Conference Title: _____

Conference Cost: _____

Conference Dates: _____

Applications must be submitted to Human Resources (MC 4035) at least two weeks prior to the conference date.
UHP Conference Reimbursement is awarded on a first come, first serve basis. Applications will be placed on a wait list once all funds have been reserved.

Part III. JOB-RELATED

Note: In order for reimbursement to be approved, each conference must result in increased knowledge and skill. Additionally, there is a reasonable expectation that the University of Connecticut Health Center will benefit from participation (i.e. the skill gained from attending the conference will be applied to carrying out the mission of the Health Center.)

Is the conference job-related according to the definition above? _____ YES _____ NO

If YES is selected, explain briefly:

If NO is selected, reimbursement cannot be granted.

Part IV. CERTIFICATION BY SUPERVISOR

My signature below indicates that I agree with the employee's representation of whether or not the course is job related as indicated in Part III (*please check one*) Yes or No

Supervisor's Name and Title: _____

Supervisor's Signature: _____ Date: _____

The supervisor signing off must be from the first level outside of the bargaining unit.

Part V. CERTIFICATION BY THE DEPARTMENT OF HUMAN RESOURCES

Your application has been:

- Denied Wait-Listed Tentatively Approved

Amount previously used for this
fiscal year: _____

Conference Reimbursement: _____
Reimbursement Amount

Final Reimbursement is contingent upon the submission of the following items to Human Resources **within 30 days** of completion:

- Proof of Conference Registration; and
- Proof of Attendance; and
- Proof of Payment (i.e. cancelled check, credit card statement, etc.)

Signature _____
Human Resources Representative

Date _____

DIRECT QUESTIONS & COMPLETED FORMS TO:

Teri Chasse
MC 4035
Telephone: (860) 679-2791
Facsimile: (860) 679-4660
E-Mail: TChasse@uchc.edu