

SOM Professional Development Application

- Application must be submitted and approved prior to enrolling in the Professional Development activity.
- The fiscal year award maximum is \$1500.00 subject to funding availability, and must be approved by supervisor.
- Employee may receive additional funding from department funds, if available and approved by supervisor and unit FAO. Additional funds may not exceed the maximum allowable amount per fiscal year.
- In most cases employees are required to pay for expenses upfront and request reimbursement upon completion of activity. All receipts, backup documents, and a passing grade must be submitted to HR for reimbursement.
- Exceptions to the above:
 - If there is sufficient lead time: airfare, hotel, and conference fees **may** be pre-paid. A **travel request form must be submitted to HR** with your professional development application. Meals and other travel expenses will not be pre-paid.
 - UCR Extension classes do not need to be paid up front by you. A UCRX discount form **must be submitted** with your professional development application. This form can be requested from HR. Your books will be reimbursed at the end of the class. A valid receipt for the books and a passing grade must be submitted via Service Link, upon completion of the class.
 - If total cost exceeds your award amount, you will be responsible for paying the difference unless prior approval from your supervisor and department FAO is received to utilize department / division funds.
 - Travel not permitted to prohibited AB 1887 States. If the activity takes place in one of these states, please reach out to an HR representative. <https://www.ucop.edu/central-travel-management/>
- Ideas for Professional Development activity options can be found here: <https://medschoolintranet.ucr.edu/professional-development>. Additionally, it is recommended to consult with your supervisor.
- All completed paperwork should be submitted via Service Link by clicking on the Professional Development Application Request and attaching the application-

Print Name: _____

Development Activity Title: _____

Development Activity School or Organization: _____ Date(s) of attendance: _____

Justification: Please provide a brief summary as to how this professional development activity meets your performance goal/s, supports strategic goals of division/unit, and/or supports strategic mission of SOM:

Type of Expense	Estimated Cost
Tuition/Registration/Conference Fees	\$ _____
Parking/Tolls	\$ _____
Books	\$ _____
Mileage (see current rate)	\$ _____
Airfare	\$ _____
Lodging	\$ _____
Car Rental	\$ _____
Meals	\$ _____
Other:	\$ _____
Employee Signature: _____	Total Cost: \$ _____

Supervisor Name (print) _____ Signature: _____ Date: _____

Dept. Head/ Unit FAO/ Budget Owner: _____ Signature: _____ Date: _____

Additional division funds requested? If yes, FAO approval needed below:

Unit FAO/ Budget Owner Signature: _____ max additional amount approved: _____

COA number: _____ Date: _____

FOR OFFICE USE ONLY:

SOM HR Approval: _____ Signature: _____ Date: _____