

STAFF TRAINING REQUEST

** This request should reach your supervisor at least 4 weeks in advance. **

Policy: All early childhood staff, with regular child contact, shall obtain the required annual professional development hours set forth by Child Care Center Licensing rules, Head Start Program Performance Standards, Great Start Readiness Program requirements, and Great Start to Quality. Early childhood staff may attend outside professional development opportunities to assist with this requirement.

Procedure: Early childhood staff shall complete this form when requesting funds to attend and/or participate in a training/conference, attain a professional membership, or to acquire CEUs. Use of this money requires administrative authorization, which is prompted by this request, and must be submitted to your supervisor 4 weeks in advance. Refer to **Time & Expense** in the **Procedure Manual** for further assistance regarding training funds.

PLEASE COMPLETE ALL FIELDS

| | | | | EMPLOYEE INFORMATION | ON | | | | |
|--------------------------|---|-------------------------------------|------------------------------|--|---------------|-------------------|-----------------|-----------------------------|--|
| Name: | | | | Job Title: | | Dat | Date Requested: | | |
| Address, including | g City (to | mail registration mat | erials): | | | State: Mic | chigan | Zip Code: | |
| Phone: | | | Email: | | Supervi | sor: | I | | |
| | | | | TRAINING INFORMATIO | NC | | | | |
| Training Title: | | | | | | Training Date | e(s): | | |
| Are center of needed of | days | pport your PD/individu UYES #/days: | NO | What are your substitute arrangements? | | | | | |
| | REGISTRATION & ACCOMODATION INFORMATION | | | | | | | | |
| Training Registration | • | | Company/Website/Link: Profes | | Professio | onal Membership | p #: | Training Portal Login Info: | |
| Hotel Registration | Hotel Who is completing the registration? | | Comp | any/Website/Link: | Note any | y other travel de | etails here (| splitting costs, etc.): | |
| LI | | | *** If se | f-registration, you MUST attach re | ceipts/backup | DS *** | | | |

COST BREAKDOWN

Meals & Incidentals ~ Per Diem

To be eligible for reimbursement of per diem expenses incurred during official travel, the employee must stay overnight. To get the current per diem rates, see the lilac Overnight Travel Policy & Per Diem Calculation Sheet, and attach a completed copy to this training request.

| City & State of Training: | | | | | |
|--|----------------------|----|--|--|--|
| TOTAL PER DIEM AMOUN (LILAC Overnight Travel Pe | \$ | | | | |
| LODGING / | Price/night: \$ | ¢ | | | |
| ACCOMODATIONS | # of nights: | \$ | | | |
| MILEAGE TRAVEL | # of miles: | ¢ | | | |
| EXPENSE | Current mileage rate | \$ | | | |
| REGISTRATION FEES | \$ | | | | |
| MEMBERSHIP RENEWA | \$ | | | | |
| COMPLETE ESTIMATED | \$ | | | | |
| NOTES: | | | | | |
| | | | | | |

| Staff Training | Request | <u>Checklist</u> |
|----------------|---------|------------------|
| | | |

| \square | Supervisor Approval/Initials: |
|-----------|--|
| | Education Coach Consulted: \Box YES \Box NO |
| | Director Approval/Initials: |
| | Self-registration Receipt(s) Attached |
| | Lilac Per Diem Sheet Attached |
| | Blue Check Request/Expense Report Attached, if needed |

Approved Amount: \$

Verifying Signature:



OVERNIGHT TRAVEL PER DIEM CALCULATION

| | EMPLOYEE INFORMATION | | | | | |
|--------------|----------------------|-------|---------|-------------|-------|-----------|
| Name: | | Date: | 🗌 Reimb | ursement | | O 🗆 RAIL |
| | | | Recond | ciliation | 🗆 AIR | |
| Destination: | Purpose: | | | Begin Date: | | End Date: |
| | | | | | | |

| | PER DIEM RATES 2023 | | | | | | | |
|------|---------------------|-------------------------------|-----------|---------|---------|---------|--|--|
| PICI | | Destination | Breakfast | Lunch | Dinner | TOTAL | | |
| | 1. | Michigan SELECT city/county | \$11.75 | \$11.75 | \$28.00 | \$51.50 | | |
| | 2. | All OTHER Michigan cities | \$9.75 | \$9.75 | \$22.00 | \$41.50 | | |
| | 3. | Out-of-state SELECT city | \$15.00 | \$15.00 | \$29.00 | \$59.00 | | |
| | 4. | All OTHER out-of-state cities | \$11.75 | \$11.75 | \$27.00 | \$50.50 | | |

| Before 9:00 AM 9:00 B + L + D | Between 00 AM - NOON L + D | After NOON |
|---|----------------------------------|------------------|
| B + L + D | L+D | D |
| | | 5 |
| Before NOON NO | Between ON – 6:00 PM | After 6:00 PM |
| В | B + L | B + L + D |

| Enter travel d | eparture & return times | MEAL(S) | PER DIEM VALUE | # OF DAYS | TOTAL |
|--------------------------------|---------------------------------|---------|----------------|------------------------|-------|
| Travel Day: Departure | 🗆 AM 🗖 PM | | \$ | 1 | \$ |
| FULL Day Per Diem | | | \$ | | \$ |
| Travel Day: Return | 🗆 AM 🗆 PM | | \$ | 1 | \$ |
| *** No meal receipts are requi | red for per diem reimbursement. | | TOTAL PER DIEM | : Submit through Podio | \$ |

OVERNIGHT LODGING:

•

- Conference hotel room rates are allowable while attending a conference.
- If travel is not associated with a conference, room rates must not exceed \$85/night (before tax); OR
- Lodging MUST be arranged through Conlin Travel: 877-654-2179 or <u>www.somtravel.com</u>
 - Indicate that you are employed with NMCAA, which is a contractor/grantee for the Michigan Dept. of Human Services, and that you do
 not have a State ID. You will need to provide Conlin Travel with your email address and credit card number to reserve the room. You
 will need to save and print their confirmation email to you.
- The hotel-issued receipt is required for reimbursement. Online confirmations are **NOT** acceptable.

This calculation form, your hotel-issued receipt, and all other receipts associated with your trip (parking, tolls, ground transportation, etc.) must be submitted through Podio. If Conlin Travel made your hotel reservations, their confirmation email to you must also be attached.

| Vichigan Select Cities/Counties | |
|--|---|
| Cities | Counties |
| Ann Arbor, Auburn Hills, Beaver Island, Detroit, Grand Rapids, Holland, Leland, Mackinac | All of Grand Traverse Orbitand and Wayne |
| Island, Petoskey, Pontiac, South Haven, Traverse City | ALL of Grand Traverse, Oakland, and Wayne |

| State | Cities/Counties | State | Cities/Counties | |
|-------------|--|---------------|--|--|
| Arizona | Phoenix, Scottsdale, Sedona | Massachusetts | Boston (Suffolk), Burlington, Cambridge, Woburn, Martha's Vineyard | |
| | Los Angeles (Los Angeles, Orange, Mendocino & Ventura counties; Edwards | Minnesota | Duluth, Minneapolis/St. Paul; Hennepin & Ramsey counties | |
| California | AFB), Eureka, Arcata, Mckinleyville, Mammoth Lakes, Mill Valley, San Rafael, Novato, Monterey, Palm Springs, San Diego, San Francisco, Santa Barbara, | Nevada | Las Vegas | |
| | Santa Monica, South Lake Tahoe, Truckee, Yosemite National Park | New Mexico | Santa Fe | |
| Colorado | Aspen, Breckenridge, Grand Lake, Silverthorne, Steamboat Springs, Telluride, Vail | Name March | Lake Placid, Manhattan (boroughs of Manhattan, Brooklyn, Bronx, Queens & Staten Island), Riverhead, Ronkonkoma, Melville, Suffolk county, Tarrytown, | |
| Connecticut | Bridgeport, Danbury | New York | White Plains, New Rochelle | |
| D.C. | Washington D.C., Alexandria, Falls Church, Fairfax; counties of Arlington & Fairfax in Virginia; counties of Montgomery & Prince George's in Maryland | Ohio | Cincinnati | |
| Florida | Boca Raton, Delray Beach, Jupiter, Ft. Lauderdale, Key West | Pennsylvania | Bucks county, Pittsburgh | |
| Georgia | Jekyll Island, Brunswick | Rhode Island | Bristol, Jamestown/Middletown/Newport (Newport county), Providence | |
| Idaho | Sun Valley, Ketchum | Texas | Austin, Dallas, Houston, L.B. Johnson Space Center | |
| Ly9Illinois | Chicago; Cook & Lake counties | Utah | Park City (Summit county) | |
| Kentucky | Kenton | Vermont | Manchester, Montprlier, Stowe (Lamoille county) | |
| Louisiana | New Orleans | Washington | Port Angeles, Port Townsend, Seattle | |
| Maine | Bar Harbor, Kennebunk, Kittery, Rockport, Sandford | Wyoming | Jackson, Pinedale | |
| Maryland | Montgomery & Prince George's counties, Baltimore City, Ocean City | | | |



PROCEDURES FOR ACCESSING TRAINING FUNDS

Training Fund Approval:

- 1. A minimum of <u>4</u> Weeks before the training/conference registration deadline, staff person completes a Staff Training Request (ST-1).
 - a. The staff training request must include login information if this is required to register for the training.
- 2. ST-1 must reflect a total cost including the registration fee and all other expenses. Please see below regarding how to receive your per diem and mileage prior to the conference. Consult with Education Coach to ensure training supports PD goals for the year. Submit completed ST-1 to Supervisor for approval.
- 3. Supervisor approves with initials then submits ST-1 to the Head Start Director for consideration. The Head Start Director may approve, partially approve, or not approve the training request.
- 4. The Head Start Director will forward to Support Staff to <u>complete registration</u>. Support staff will register you for the training and forward any registration, hotel, airfare information to you.

Requesting training funds for the expenses:

- 1. Complete the Overnight Travel Per Diem Calculation form.
- 2. Complete on Podio to request for funds. Remember to attach the per diem calculation form.
- 3. Submit these two items to Podio for your supervisor for approval. These can be sent electronically.

NOTE: Expense checks are processed 2 weeks prior to the training.

When you return from the training:

- 1. Turn in hotel receipts and any taxi/shuttle receipts. NOTE: Food receipts are not required. This will show if we owe you any money or if you are returning any money.
- 2. Documents should be submitted to the business office no later than two weeks after the training.