**Title III**
**The University of Arkansas at Pine Bluff**
**FACULTY/STAFF REQUEST FOR DOMESTIC TRAVEL**
**October 1, 2011- September 30, 2012**

**Name** _____**Date** _____
**Department** _____
**Telephone** _____**FAX** _____
**Campus Address: Mail Slot** _____**Building** _____**Room** _____
**Please answer the following questions:**
**If you are FACULTY:**
Are you full-time faculty? _____
If yes, are you tenured? _____
If no, are you in a tenured-track position? _____

**If you are STAFF:**
Are you permanent and full-time? _____
What is your position/job title? _____
Do you work directly with students? _____

Will this travel result in certification and/or licensure? _____
If yes-
What is the title of the certification and/or licensure?
_____

Have you or other UAPB employees attended this event in the past? _____
If yes-
How were the expenses covered? State Funds_____ Federal/other funds _____
Are there state funds in your department budget? _____

Is this travel related to a federally funded activity? _____

**Name of the event** _____
**Date** _____**Location** _____

***The individuals whose signatures appear below have read this proposal and agree to the terms and conditions of this request.***
**Signatures:**
**Requester** _____

**Chairperson/Immediate Supervisor** _____

**Dean/Director** _____

**Vice Chancellor** _____
**Title III**

**THE CHAIRPERSON/IMMEDIATE SUPERVISOR IS REQUIRED TO COMPLETE THIS SECTION:**

Please justify why you feel this professional development event is important to your department and/or the students.

What departmental benefits do you expect to secure as a result of this person's receiving this training or professional development? Please be specific.

***By signing below, I agree to the terms of the application, and attest that the requester will become more proficient in his/her assigned tasks thereby heightening the efficiency and effectiveness of the department. I also agree to submit a Title III Follow-up report verifying how the obtained information has made my department more productive, effective and efficient.***

_____

**Signature (Immediate Supervisor/Chairperson)**

**Title III**
**Travel Request**

**ON SEPARATE SHEETS OF PAPER, PLEASE RESPOND TO THE FOLLOWING:**

I. Briefly relate the nature of the event. **Attach a copy of event announcement.**

2. Why are you requesting Title III funds for this event? Please provide **detailed** information why you would like to attend this event.

3. How will you use the information you acquire from this event to benefit UAPB? As you discuss the needs and benefits include, ***CLEARLY*** stated goals, objectives and implementation strategy for carrying out a plan of action when you return to campus. Your action plan should include specific details for sharing this information with colleagues and students.

4. Please provide detailed information on cost involved to complete this travel (i.e., airfare/mileage, registration fee, lodging, meals (per diem), ground transportation, and etc.).
**NOTE:** Title III funds cannot be used to pay individual membership fees, purchase conference t-shirts, shipping for conference materials, and etc.

5. Attach **signed** travel authorization form and attach **requisitions** for costs as appropriate.

6. If this travel will result in certification and/or licensure or partial requirements of a certification and/or licensure. Please state how the certification and/or licensure will benefit UAPB.

Please note that if you are given **Title III** funds for travel, you will be required to submit reports discussing the benefits of the event you attended and later the progress you have made in transferring the benefits of the event to UAPB. Failure to complete these reports may cause you to forfeit the opportunity to travel again using Title III funds. **Additionally, all travel that results in certification/licensure will carry a one-year obligatory period to the university, beginning with the completion of the requirements for certification.**

If you have questions, please phone Sharon Hildreth at 8045. Please submit an original request to:

**Title III Program Administration**
**Mail Slot 4924**
**R. C. Childress Hall**
**Room 202**