



## Employee Conference Reimbursement Request for University Health Professional (UHP) Employees

### Part I. EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Percentage Employed \_\_\_\_\_ Employee # \_\_\_\_\_  
 Employee Job Title \_\_\_\_\_ Work Address \_\_\_\_\_  
 Department and Mail Code \_\_\_\_\_ Department Phone \_\_\_\_\_

For HR Use Only:

### Part II. CONFERENCE INFORMATION

Fiscal Year \_\_\_\_\_

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

Institution Offering Conferences \_\_\_\_\_  
 Institution Address \_\_\_\_\_  
 Conference Title \_\_\_\_\_  
 Conference Cost \_\_\_\_\_  
 Conference Dates \_\_\_\_\_

Applications must be submitted to Human Resources, Fax: 860-679-4660, 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

In order for reimbursement to be approved, each conference must result in increased knowledge and skill. Additionally, there is a reasonable expectation that the UConn Health will benefit from participation in this program (i.e. the course work will be applied to carrying out the mission of UConn Health.)

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

If No, reimbursement cannot be granted. If YES is selected, explain briefly:

\_\_\_\_\_  
 \_\_\_\_\_

**Part IV. CERTIFICATION BY SUPERVISOR**

My signature below indicates that I agree with the employee's representation of whether or not the conference is job related as indicated in Part III:

Yes  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 VI. CERTIFICATION BY THE DEPARTMENT OF HUMAN RESOURCES**

Amount previously used  
for this fiscal year

Your application has been:

Tentatively Approved  Wait Listed  Denied

Conference Reimbursement Amount = \_\_\_\_\_

**Part VIII. REIMBURSEMENT**

Final Reimbursement is contingent upon submission of the following items to Human Resources:

Proof of Conference Registration and

Proof of Attendance and

Proof of Payment (i.e. cancelled check, credit card statement, etc.)

**Deadline: Within 30 days of completion**

Human Resources Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed conference reimbursement request form to:** Department of Human Resources Benefits Unit, Fax: 860-679-4660

**For Questions:** 860-679-2426