



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