

CT STATE
COMMUNITY COLLEGE

GATEWAY

PROFESSIONAL DEVELOPMENT

AFT

**NON-COLLEGE
CREDIT PACKET**

Checklist for Travel Authorizations

Full Time

Part Time

Employee: _____

Coursework

- Proof of enrollment
- Cost of Course
- Dates of Course

Conferences & Travel

- Description of event & location
- Cost of event
- Dates of event
- Transportation Details & Estimates
- Documented Accommodation Estimates
- Rental Vehicle – Include documented rental estimates
- Personal Vehicle – Deduct normal commute from mileage

Memberships

- Description of membership
- Dates of Membership & Cost

All Travel Authorizations

- Signed by immediate supervisor
- Signed by your Dean

Include all costs related to your request. Subtract any costs paid by the college or other sources.

Send completed form to GW-Professionaldevelopment@ctstate.edu

CT STATE COMMUNITY COLLEGE

GATEWAY

Checklist for Employee Payroll Reimbursements

Full Time

Part Time

Employee: _____

Coursework

- Invoice
- List of courses and grades
- Proof of payment

Conferences & travel

- Proof of Attendance
- Registration Documentation & Proof of Payment
- Accommodation Invoice & Proof of Payment
- Transportation Invoice & Proof of Payment
- Receipts for subway, taxis, parking, etc
- Personal Vehicle - provide copy of Auto Declaration Page
- Personal Vehicle - Mileage Map (start to finish)
- Personal Vehicle - deduct daily commute from mileage

Memberships

- Invoice
- Proof of Payment

Personal Vehicle Mileage

- Mileage Map (start to finish)
- Deduct daily commute from mileage
- Provide copy of Auto Declaration Page

All Reimbursement Requests

- Signed by immediate Supervisor
- Signed by your Dean

Include all costs related to your request. Subtract any costs paid by the college or other sources.

Send completed form to GW-Professionaldevelopment@ctstate.edu

AFT CODING FOR EACH FORM (NON-COLLEGE CREDIT)

MAXIMUM ALLOTMENTS PER SEMESTER (FY24)

	<u>Full time Employees</u>	<u>Part time Employees</u>
College Credit Coursework	\$4874/per semester	\$1994/per semester
Non-Credit Coursework	\$3046/per semester	\$1329/per semester
Memberships/Licenses	\$720/per semester	\$305/per semester

APPLICATION FOR APPROVAL OF PD ACTIVITIES FORM (AFT)

This form must be completed to request approval for all PD-related activities. This form must be signed by the AFT Committee Chair before it is submitted to Campus Operations and Administration for final review and approval.

TRAVEL AUTHORIZATION REQUEST FORM (CO-112)

This form must be completed to request pre-approval for non-college credit coursework, conferences, license renewals, memberships, mileage, and all other expenses that are reimbursable through PD. Be sure to include all supporting documents indicated in the checklist.

TA Number	Leave blank
Business Unit Number	BOR79700
Fund (#19)	IA2000
Dept/Org (#20)	N76002
SID (#21)	Leave blank
Program (#22)	404700
Account (#23)	Leave blank
Project/Grant (#24)	Leave blank
Chartfield 1 (#25)	Leave blank
Chartfield 2 (#26)	CCI20250
Budget Reference (#27)	Leave blank
Signature and Date (#28 & #29)	Employee, Immediate Supervisor, and Area Dean

REQUEST FOR REIMBURSEMENT OF APPROVED PD ACTIVITIES FORM

Upon completion of the approved PD Activity, this form must be completed in order to be reimbursed.

EMPLOYEE PAYROLL REIMBURSEMENT FORM (CP-17XP-PR)

This form should be used to request reimbursement for non-college credit coursework, conferences, license renewals, memberships, mileage and all other expenses that are reimbursable through PD. Be sure to include all supporting documents indicated in the checklist.

ERN/CD Options →	NRI (Non-Reportable In-State Reimbursement)
	NRO (Non-Reportable Out-of-State Reimbursement)
	TU1 (Non-Reportable Tuition)
	TU2 (Reportable Tuition) For non-job related
Department/Org	N76002
Fund	IA2000
SID	Leave blank
Program	404700
Account	Leave blank
Project/Grant	Leave blank
Chartfield1	CCI20250
Chartfield2	Leave blank
Budget Reference	Leave blank
Payee signature	Employee sign and date
Supervisor signature	Supervisor sign and date
Dean's signature	Area Dean sign and date

**APPLICATION FOR APPROVAL OF PROFESSIONAL DEVELOPMENT ACTIVITIES
AFT BARGAINING UNIT**

Reimbursement of expenses for professional development activities is administered under the conditions specified on the reverse side of this application. Completed applications should be forwarded to the designated HR Generalist. This form is for planning and prior approval purposes only. It does not replace the travel authorization process, which must also be followed when applicable. Reimbursement of expenses is subject to completion of a request for reimbursement and timely submission of appropriate documentation of expenses. Approval of this form and/or a Travel Authorization Form does not ensure reimbursement at the full level requested if sufficient contract dollars are not available.

APPLICANT NAME _____

TITLE _____

Description of Professional Development Activity:

Describe how this activity relates to your position and will improve your knowledge and skills, and how this activity benefits the applicant and the campus.
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Estimated Cost		
Transportation: \$ _____	Hotel \$ _____	Meals \$ _____
Registration Fee \$ _____	Personal Mileage \$ _____	
Tax \$ _____	Gratuities \$ _____	Professional Dues \$ _____
Tuition \$ _____	Fees \$ _____	Other \$ _____
Total Requested: \$ _____		

Applicant signature _____

Date _____

PD Committee Recommendation:

Request denied _____ Request approved in the amount of \$ _____

Committee Chair Signature Date

President/Campus CEO (or designee):

Request denied _____ Request approved in the amount of \$ _____

President/Campus CEO (or designee)

TRAVEL AUTHORIZATION REQUEST

CO-112 Rev. 04/2024

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

- Use this form for travel requiring prior approval.
- For identification of requests, please assign a separate number to each Request form, and enter it under block 2 T.A. Number.

- If requesting reimbursement from Union Travel Funds, forward a complete set to the Office of the State Comptroller, Active & Pension Payroll Services Division, 165 Capitol Avenue, Hartford, CT 06106. When Department funded, retain copy for audit purposes.

(1) DATE OF REQUEST
(2) T.A. NUMBER

(3) BUSINESS UNIT NAME & ADDRESS TO WHICH FORM SHOULD BE RETURNED (Include Zip Code)	BUSINESS UNIT NO.	TELEPHONE NUMBER (Business Office)
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(4) EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUESTED)	(5) EMPLOYEE NUMBER	(6) TITLE
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COLLECTIVE BARGAINING IDENTIFICATION (7) SPECIFY BARGAINING UNIT NUMBER MANAGEMENT OR OTHER

NP-1
 NP-2
 NP-3
 NP-4
 NP-5
 NP-6
 NP-8
 P-1
 P-2
 P-3A
 P-3B
 P-4
 P-5
 MANAGEMENT
 OTHER (Specify) _____

(8) WORK TELEPHONE NO. (Include extension no.)	(9) HOME TELEPHONE NO.	(10) OFFICIAL DUTY STATION (Give complete address)
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(11) ITINERARY		(12) DATES		(13) MISCELLANEOUS INFORMATION (Actual time of departure from home and return to home.) Parking Permit Requested? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME	TO	FROM	TO	

(14) OBJECT AND NECESSITY OF TRAVEL (Attach substantiating documents)

(15) TYPE OF TRANSPORTATION (Specify)

AIR
 RAIL
 STATE OWNED CAR
 RENTAL CAR
 PERSONAL CAR
 OTHER

PROOF OF AUTO INSURANCE ON FILE AT AGENCY? YES NO

(16) TOTAL COST (Itemize) NOTE; RATES FOR MEALS AND LODGING SHOULD NOT EXCEED THOSE PROVIDED FOR IN STANDARD TRAVEL REGULATIONS AND IN COLLECTIVE BARGAINING AGREEMENTS.

<input type="checkbox"/> AIRFARE		<input type="checkbox"/> PERSONAL MILEAGE		<input type="checkbox"/>	
<input type="checkbox"/> LODGING		(MI @ RATE)		<input type="checkbox"/>	
<input type="checkbox"/> CONFERENCE HOTEL		<input type="checkbox"/> WITH RIDER: REFERENCE RIDER(S) TA #		<input type="checkbox"/>	
<input type="checkbox"/> MEALS		<input type="checkbox"/> TAXI(S)		<input type="checkbox"/> OTHER	
<input type="checkbox"/> TAX		<input type="checkbox"/> REGISTRATION FEE		(17) TOTAL COST	
<input type="checkbox"/> GRATUITIES		<input type="checkbox"/> RAIL			

(18) AMOUNT	(19) FUND	(20) DEPARTMENT	(21) SID	(22) PROGRAM	(23) ACCOUNT	(24) PROJECT/GRANT	(25) CHARTFIELD 1	(26) CHARTFIELD 2	(27) BUDGET REFERENCE

(28) SIGNATURE OF EMPLOYEE	DATE	OFFICE OF THE STATE COMPTROLLER (Authorized Signature/Date)
(29) APPROVED BY (Supervisor, Div. Head, Director, Dean etc.)	DATE	
(30) AUTHORIZED BY (Business Unit Head or Authorized Agent)	DATE	
DISTRIBUTION ORIGINAL - (FOR UNION FUNDS ONLY), COMPTROLLER'S OFFICE, ACTIVE & PENSION PAYROLL SERVICES DIVISION, COPIES TO: BUSINESS UNIT & EMPLOYEE		
ORIGINAL - (NON- UNION FUNDS) - AGENCY BUSINESS OFFICE		
COPY -EMPLOYEE		

REQUEST FOR REIMBURSEMENT OF APPROVED PROFESSIONAL DEVELOPMENT ACTIVITIES FOR AFT BARGAINING UNIT MEMBERS

This form is to be used to request reimbursement of approved professional development activities for AFT bargaining unit members. A copy of the approved professional development application and appropriate documentation of expenses must be submitted with this request for reimbursement.

Employees must request reimbursement of professional development activities immediately following completion of the activity. To the extent possible, reimbursements will be processed in accordance with the schedule noted below. Timely reimbursement is contingent upon completion of required forms and submission of adequate documentation of expenditures.

- Requests for reimbursements received on or before December 1 will be processed with the last full pay period in December.
- Requests for reimbursements received on or before June 1 will be processed with the last full pay period in June.

APPLICANT NAME _____

TITLE _____

REIMBURSEMENT REQUEST DETAIL ATTACHED

EXPENSE DOCUMENTATION

Transportation	\$ _____	___ Yes	___ No
Hotel	\$ _____	___ Yes	___ No
Meals	\$ _____	___ Yes	___ No
Registration Fee	\$ _____	___ Yes	___ No
Personal Mileage	\$ _____	___ Yes	___ No
Sales Tax	\$ _____	___ Yes	___ No
Gratuities	\$ _____	___ Yes	___ No
Professional Dues	\$ _____	___ Yes	___ No
Tuition	\$ _____	___ Yes	___ No
Fees	\$ _____	___ Yes	___ No
Other	\$ _____	___ Yes	___ No

Total Reimbursement Requested: \$ _____

Applicant Signature: _____ Date: _____

BUSINESS OFFICE/PAYROLL OFFICE USE ONLY

Date request for reimbursement received: _____

Request for reimbursement reviewed by: _____
Name date

Notes:

Amount approved for reimbursement: \$ _____

Payment processed with _____ - _____ payroll period; _____ check date

EMPLOYEE PAYROLL REIMBURSEMENTS-
FOR EXPENSES INCURRED IN THE SERVICE OF THE
STATE OF CONNECTICUT
 CO-17XP-PR REV. 11-22

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
PAYROLL SERVICES DIVISION

ATTACH ADDITIONAL FORM(S) AS NEEDED

	EMPLOYEE NUMBER
EMPLOYEE NAME AND ADDRESS	
	DEPARTMENT PAYROLL CODE

EARNING CODE DEFINITION

SHU = SAFETY SHOE
 CLN = CLOTHING & CLEANING
 HOM = HOME OFFICE
 UNF = UNIFORM
 AUT = DAILY AUTO USAGE FEE

RER = REPORTABLE REIMBURSEMENT
 GRA = GRANT PAYMENTS
 MOV = MOVING EXPENSES
 ATT = ATTENDANCE AWARDS
 CH1 = CHILD CARE

MIL = REPORTABLE MILEAGE
 TU1 = NON-REPORTABLE TUITION
 TU2 = REPORTABLE TUITION
 NRI = NON-REPORTABLE IN-STATE REIMBURSEMENT
 NRO = NON-REPORTABLE OUT-OF-STATE REIMBURSEMENT
 NRM = NON-REPORTABLE MILEAGE

ERN/CD	AMOUNT	DEPARTMENT	FUND	SID	PROGRAM	ACCOUNT	PROJECT/GRANT	CHARTFIELD 1	CHARTFIELD 2	BUDGET REFERENCE

ADVANCE FROM PETTY CASH (IF APPLICABLE)

I ACKNOWLEDGE THAT THE AMOUNT STATED WAS GIVEN TO ME AS AN ADVANCE AGAINST THE AMOUNT OF TRAVEL AND OTHER EXPENSES SHOWN HEREIN AS DUE TO ME. UPON REIMBURSEMENT TO ME, I UNDERSTAND THAT THESE MONIES WILL BE DEDUCTED FROM THE CHECK IN WHICH I RECEIVE THE REIMBURSEMENT.

AMOUNT	EMPLOYEE'S SIGNATURE
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PAYEE CERTIFICATION

I affirm the reimbursements claimed herewith are just and that the indicated was officially necessary. I further affirm that all applicable obligations incurred by the State on my behalf, such as family travel and associated expenses have been repaid by me in full.

PAYEE'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

EMPLOYEE EXPENDITURES

DATE MO/ DAY	TRAVEL		TIME		TRAVEL BY AUTOMOBILE (CHECK ONE)			OTHER TRAV.		LOGGING	MEALS		MISC.			
	FROM	TO	DEPART	ARRIVE	<input type="checkbox"/> STATE VEHICLE	<input type="checkbox"/> PERS. VEHICLE	MISC.EXP: GAS, PARKING TOLLS, ETC.	AMT.	NUMBER OF MILES		AMT. AT MILES	B/BUS R/RAIL C/CAB O/OTHER	CODE	AMT.	P/TELE. W/WIRE T/TIPS O/EXPLAIN	CODE
SUB-TOTAL (INCL. CO-17XP-A)																
GRAND TOTAL (INCL. CO-17XP-A)																

DEPARTMENT	T.A. NO. (IF APPLICABLE)	PERIOD COVERED (FROM/TO) (MO/DAY/YR)
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DEPARTMENT CERTIFICATION

I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED IN THIS ACCOUNT, EXCEPT AS NOTED AND THAT THEY WERE NECESSARY AND PROPER; AND THAT THE AMOUNTS CLAIMED ARE JUST AND REASONABLE, EXCEPT AS NOTED.

DATE APPROVED	AMOUNT APPROVED	SIGNATURE - HEAD OF EXPENDING DEPARTMENT
	\$	

DISTRIBUTION: ORIGINAL - DEPARTMENT PHOTOCOPY - EMPLOYEE