

EAU CLAIRE COUNTY
TRAVEL, TRAINING AND CONFERENCE FORM
(*Required for out-of-state travel > 175 miles from Eau Claire)

Employee's Name: [Click here to enter text.](#) **Position Title:** [Click here to enter text.](#)

Department:

Name of Training:

Location of Training: [Click here to enter text.](#)

Dates of Training: **Travel Date To/From:**

Goal of Training:

How does this training relate to the goals outlined in my last performance evaluation?

Total Cost \$ [Click here to enter text.](#), **including:**

Registration: \$ [Click here to enter text.](#) , **Lodging:** \$ [Click here to enter text.](#),

Meals: \$ [Click here to enter text.](#), **Travel:** \$ [Click here to enter text.](#)

Was this specific training prior approved in the budget process: Yes No

Are Training Costs Reimbursable: Yes No

If YES, what is the source of reimbursement?

Are Training Costs Paid Through Grant Funds: No Yes Federal State

Has a similar conference or training been attended in the past by requesting employee: Yes No

Are other staff available to provide coverage in employee's absence: Yes No

Will overtime expenses be incurred to provide coverage for employee's absence: Yes No

APPROVALS:

SUPERVISOR'S SIGNATURE: _____ DATE: _____

AND

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

COUNTY ADMINISTRATOR*: _____ DATE: _____