TOWN OF MANCHESTER, CONNECTICUT REQUEST FOR LEAVE OF ABSENCE – CONFERENCES

<u>Instructions</u>: This form must be completed if any **one** of the following criteria is met. **Forward two copies** to the General Manager's office for approval. (One copy will be placed in your Personnel file and the other copy will be forwarded to Accounting for payment.)

- 1. The conference/seminar costs more than \$500.
- 2. The destination is <u>out of state</u>.
- 3. The conference/seminar_requires overnight accommodations.

A.	<u>Employee</u> :		
1.	Name	Dept	
2.	Date(s) and Amount(s) of Time Requested:		
3.	Destination:	Est. Cost \$	
4.	Conference Title (attach announcement):		
	Please attach a copy of the conference desc describe how this course directly relates to		
5.	Last Overnight Conference Attended: Topic		
	Place	Date	
6.	Using Town Vehicle? Yes No	Vehicle No	
7.	Signature of Employee	Date	
В.	Department Head Approval:		
	Signature of Department Head	Date	
C.	General Manager Approval: Approved _	Disapproved	
	Signature of General Manager	Date	
D.	Accounting: (Attach this form to payment for c	onference.)	
E.	Human Resources: (A copy of the fully signed Resources.)	form should be delivered to Human	

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Explanation of how this conference directly relates to your current job assignment:		
Employee Signature	 Date	
	e directly relates to employee's current job	
Explanation of how this conference assignment:		

Town of Manchester

TRAVEL ADVANCE REQUEST FORM

EMPLOY	/EE	NAME
DEPART	ME	ENT
DATES (OF	TRIP
		VHY ADVANCE IS NEEDED
		AMOUNT REQUESTED
DETAIL	OF	ADVANCE:
	Α.	MEALS
		FULL DAYS OF TRIP x \$70 PER DAY =
		PARTIAL DAYS OF TRIP x \$35 PER DAY =
	В.	OTHER (PLEASE DETAIL EXPENSE TYPE PLUS CALCULATION OF AMOUNT)
•		
_		
		APPROVED DENIED
	GΕ	NERAL MANAGER'S SIGNATURE
	DA	TE: