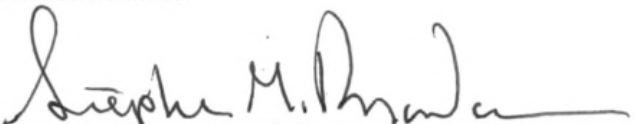
 NEW YORK STATE	Corrections and Community Supervision DIRECTIVE	TITLE Request to Attend/Conduct Training/Conference		NO. 2005
		DISTRIBUTION A		DATE 09/05/2019
SUPERSEDES DIR# 2005 Dtd. 12/17/18		PAGES PAGE 1 OF 5		DATE LAST REVISED
REFERENCES (Include but are not limited to) Budget Bulletin B-1184; ACA Expected Practices 4-4081, 4-4094, 2-CO-1D-10, 4-APPFS-3A-21, 4-JCF-6E-14; Dir. #2260, #2724; OSC Travel Manual; DOCCS Emp. Travel Manual		APPROVING AUTHORITY 		

I. PURPOSE

- A. This directive provides guidelines for gaining prior approval to travel to and attend non-Departmental training courses, conferences, conventions, and meetings of associations or organizations which shall be directly related to the employee's profession or duties. Attendance will not be authorized for the purpose of general education. See Directive #2724, "Travel Voucher Preparation," for Departmental travel.
- B. This directive provides guidelines for gaining prior approval to hold or conduct a training session or conference. See Section VI.
- C. This directive provides guidelines to document the value of conference attendance to attendees and other staff.

II. DEFINITIONS

- A. Non-Departmental: For the purpose of this directive non-Departmental shall mean any department, agency, or organization other than the New York State Department of Corrections and Community Supervision (DOCCS).
- B. Departmental: Shall mean any location or division of the New York State Department of Corrections and Community Supervision (DOCCS).

III. POLICY

- A. Form #1042A, "Request for Non-Departmental Training/Meeting/Conference Attendance," shall be utilized for request and approval of the types of meetings described above. Individual requests for conference attendance require approval as indicated on Form #1042A. Special consideration may be given to employees who are presenters at a conference. Job performance, time/attendance, previous conference participation, officer status with an organization, etc. may also be considered. The Department will only authorize travel and attendance for individuals who have received approval following the procedure outlined in this directive.
- B. Refer to the Office of the State Comptroller (OSC) Travel Manual, current DOCCS Employee Travel Manual, and Department directives for additional information.

IV. REQUEST/APPROVAL PROCEDURES TO ATTEND TRAINING OR CONFERENCE

A. Attendees

1. Prior approval is required for employees who wish to attend non-Departmental training courses, conferences, conventions, or meetings of associations or organizations. This approval must be obtained prior to submitting registration forms.
2. To initiate the formal request, each prospective attendee shall complete items 1 through 15 on [Form #1042A](#), giving special attention to items 13 and 14, which ask for clear descriptions of the purpose of the conference and expected benefits. The justification for attendance cannot merely be a description of the conference itself. It must include reasoning as to why it is necessary to attend. Please state whether or not the trip is mandatory to fulfill a particular purpose. If it is a multi-day conference, briefly explain why it is necessary to attend each day.

The employee should be careful to allow sufficient time for processing the request and should attach any available literature that will aid in the review process. This form should then be delivered to the employee's supervisor.

For out-of-state travel, requests must be received by the Deputy Commissioner for Administrative Services via inter-agency mail or in the out-of-state travel mailbox, DOCCS.sm.OutofStateTravel@doccs.ny.gov, a minimum of 40 days prior to the first date of travel. Any request that is under 40 days must provide information on the impact to the mission of the Department if the request is not approved. Requests must include information on whether this training is offered in New York State or at a closer location.

3. Please include information on whether additional employees will attend the training/conference, if known. A copy of the training/conference agenda must be submitted with the request, or as soon as available. If multiple staff are attending this training/conference, please indicate why it is necessary to send additional staff. If this training/conference was previously attended, please indicate who in the agency attended the training/conference last. If a different individual or a different job title is attending this training/conference, please indicate why.
4. Travel requests for "Train the Trainer" events will include a listing of who will, in turn, be trained at the Department and when.
5. Staff should identify whether or not travel is associated with a grant or federal funds. If the funding source is other than the General Fund, the exact source (name of grant, special revenue source, etc.) must be identified in the justification. When staff/management are aware that there will be a third-party reimbursement or pre-paid funding for travel expenses, approval to accept must be sought from the Department's Ethics Officer (see Directive #2260, "New York State Ethics"). A copy of the approval should accompany this request.

B. Attendee's Supervisor

1. Shall review the request considering any benefits to the unit and availability of funds.

2. If approved, shall sign and date the request in item 16 and forward to the Appropriate Deputy Commissioner, Chairperson Board of Parole, or Superintendent for further approval as indicated on [Form #1042A](#).
3. If disapproved, shall return the request to the employee, giving reason for the disapproval in item 16.

NOTE: Community Supervision field staff should submit [Form #1042A](#) to their immediate supervisor, who will then, via the chain of command, forward it to the Regional Director for their assigned region who is the signatory.

- C. Appropriate Deputy Commissioner, Chairperson Board of Parole, or Superintendent: Shall review the request considering any benefits to the Department, check the appropriate box in item 17, sign, and date.
- D. Deputy Commissioner for Administrative Services: Deputy Commissioner for Administrative Services must approve all requests to attend conferences for Central Office, Community Supervision, Board of Parole, and all requests that include air fare or out-of-state travel (item 18). Out-of-state travel requests must be received by the Deputy Commissioner for Administrative Services via inter-agency mail or scanned and emailed to: DOCCS.sm.OutofStateTravel@doccs.ny.gov.
- E. Commissioner and the Office of State Operations: Commissioner and the Office of State Operations approval is required for out-of-state travel. Requests must be received by the Deputy Commissioner for Administrative Services via inter-agency mail or to: DOCCS.sm.OutofStateTravel@doccs.ny.gov, a minimum of 40 days prior to the first date of travel. Any request that is under 40 days must provide information on the impact to the mission of the department if the request is not approved.
- F. Fiscal Office: The Fiscal Office shall review the request considering fiscal obligations; determine the reasonableness of the amount of funding requested, check the appropriate box(s) in item 20, sign, and date. Return [Form #1042A](#) to the attendee. In accordance with Budget Bulletin B-1184, revised September 11, 2018:
 1. If an "Agency Spending Controls Application-Attachment A" is required, the Central Office Division of Budget and Finance will submit for approval; or
 2. If an "Agency Spending Controls Application-Attachment B" is required, the Fiscal Office will submit for approval.

If the request is disapproved, the Fiscal Office shall enter the reason and return to the attendee's supervisor.

V. FOLLOW UP PROCEDURES

- A. In accordance with DOCCS Employee Travel Manual and OSC Travel Guidelines, if entitled to reimbursement for travel expenses and/or the Corporate Card was utilized for expenses, per Directive #2724, OSC Form AC 132-S, "Travel Voucher," should be submitted immediately after completion of the trip to the facility Fiscal Office or Central Office Division of Budget and Finance. The original [Form #1042A](#) (if not submitted with a standard voucher or a photocopy) and all required receipts should be attached to the OSC Form AC 132-S. Expenses not mentioned on [Form #1042A](#), or special functions such as banquets not vital to attendance, may be denied reimbursements. Per the DOCCS Travel Manual, employees are expected to submit expense reports within 21 days after the completion of the trip, when utilizing the State-issued credit card. Adhering to this timeframe is important as the Department has only 60 days to dispute any fraudulent charges on an employee's travel card. Expense reports that do not involve the NYS travel card should be submitted no later than 30 days after travel has occurred. The processing of an expense report is the sole mechanism by which travel card expenditures can be reconciled. Any use of the travel card requires the submission of an expense report by the employee.
- B. Training Credits: Upon returning from a conference or non-Departmental training course, the attendee should submit a copy of the approved [Form #1042A](#) and a copy of the conference or training agenda, along with a Report of Training Form (RTF) signed by attendee's supervisor, to the facility time and attendance Lieutenant and Regional Training Office so that attendance may be noted on the attendee's training record and appropriate training credits awarded.
- C. When a registration fee has not been prepared or charged to a corporate travel card, the attendee shall submit a Standard Voucher, OSC Form AC 92, with the original completed [Form #1042A](#) and any attached supporting documentation to Central Office Division of Budget and Finance or facility Fiscal Office for payment. With prior approval, registration fees can be prepaid.

VI. REQUEST/APPROVAL PROCEDURE TO HOLD/CONDUCT TRAINING OR CONFERENCE

- A. Unit Head
1. Completes items 1 through 8 of [Form #1042B](#), "Request to Hold/Conduct Training or Conference,"
 2. Submits [Form #1042B](#) to Division Head for approval.
- B. Division Head
1. Reviews the request considering any benefits to the unit and the availability of funds.
 2. If approved, signs and dates the request in item 9 and forwards to the Deputy Commissioner for Administrative Services or higher, or Superintendent, for further approval as indicated on [Form #1042B](#).
 3. If disapproved, returns request to Unit Head giving reason for disapproval.

- C. Deputy Commissioner for Administrative Services, or Higher, or Superintendent
 - 1. Reviews the request considering any benefits to the Department, checks appropriate box in item 10, signs, and dates.
 - 2. If approved, submits for funding approval to facility Fiscal Office or Director of Budget and Finance as appropriate.
 - 3. If disapproved, enters reason and returns to Division Head.
- D. Director of Budget and Finance or Facility Fiscal Office: Reviews the request considering fiscal obligations; determines the reasonableness of the amount of funding requested, checks the appropriate box(s) in item 11, signs, and dates. Returns [Form #1042B](#) to Unit Head.

VII. POST CONFERENCE REPORT

- A. Each attendee will submit a written report summarizing the conference.
 - 1. Facility staff are to forward the report to the Superintendent with a copy to the Director of the Training Academy.
 - 2. Central Office staff are to forward the report to the appropriate Deputy Commissioner with a copy to the Director of the Training Academy.
- B. Written reports are to be submitted no later than 10 business days after returning from the conference and should include the following information:
 - 1. Name and title of conference attendee;
 - 2. Name of conference attended;
 - 3. Location of conference, including city and state;
 - 4. Date(s) of attendance;
 - 5. Summarization of conference;
 - 6. General highlights of critical information provided at conference;
 - 7. Comparison of NYS DOCCS activities to other State activities;
 - 8. How/when conference information will be shared with other staff;
 - 9. Attendee's opinion of the value of the conference;
 - 10. Signature of attendee; and
 - 11. Date of report.

NOTE: Copies of documents received at the conference should be included with the report, when possible.

REQUEST FOR NON-DEPARTMENTAL TRAINING/MEETING/CONFERENCE ATTENDANCE

1. EMPLOYEE NAME	2. OFFICE/DIVISION OR FACILITY	3. REQUEST DATE														
4. EMPLOYEE TITLE	5. NAME OF TRAINING/MEETING/CONFERENCE	6. DATES OF TRAINING/MEETING/CONF.														
7. LOCATION OF CONFERENCE, STATE/COUNTY	8. MEMBER OF SPONSORING ORG?/NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO _____	9. BARGAINING UNIT? _____ CONF. DAYS USED THIS FY? _____														
10. Funding Source: General Fund: _____ Grant/ Federal: _____ Other: _____ Name of Grant/Federal Funding Source: _____	11. Prior Attendance Event Previously Attended by Agency <input type="checkbox"/> YES <input type="checkbox"/> NO	12. Supporting Documentation: Agenda Included: <input type="checkbox"/> YES <input type="checkbox"/> NO Ethics Form: <input type="checkbox"/> YES <input type="checkbox"/> NO														
13. PURPOSE OF TRAINING/MEETING/CONFERENCE																
14. CONFERENCE BENEFITS (Indicate benefits to you, your unit, and the Department)																
15. ANTICIPATED EXPENSES:																
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 35%;">a. Registration fee \$ _____</td><td>Lodging incl. in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No Meals incl. in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>b. Lodging \$ _____</td><td><input type="checkbox"/> On Site <input type="checkbox"/> Off Site</td></tr><tr><td colspan="2">c. Meals \$ _____</td></tr><tr><td>d. Commercial travel \$ _____</td><td><input type="checkbox"/> Rental Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane</td></tr><tr><td colspan="2">e. State vehicle available? As applicable by Facility or Central Office Standard Operating Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td colspan="2">f. Personal car mileage _____ Miles @ _____ per mile = \$ _____</td></tr><tr><td colspan="2">g. Special functions, banquets, etc. \$ _____</td></tr></table>			a. Registration fee \$ _____	Lodging incl. in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No Meals incl. in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Lodging \$ _____	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site	c. Meals \$ _____		d. Commercial travel \$ _____	<input type="checkbox"/> Rental Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane	e. State vehicle available? As applicable by Facility or Central Office Standard Operating Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No		f. Personal car mileage _____ Miles @ _____ per mile = \$ _____		g. Special functions, banquets, etc. \$ _____	
a. Registration fee \$ _____	Lodging incl. in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No Meals incl. in Registration Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No															
b. Lodging \$ _____	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site															
c. Meals \$ _____																
d. Commercial travel \$ _____	<input type="checkbox"/> Rental Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane															
e. State vehicle available? As applicable by Facility or Central Office Standard Operating Procedure <input type="checkbox"/> Yes <input type="checkbox"/> No																
f. Personal car mileage _____ Miles @ _____ per mile = \$ _____																
g. Special functions, banquets, etc. \$ _____																
EMPLOYEE'S SIGNATURE/DATE: _____																
16. SUPERVISOR																
<input type="checkbox"/> TIME OFF APPROVED <input type="checkbox"/> EXPENSES REASONABLE: REIMBURSE <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> TIME OFF NOT APPROVED <input type="checkbox"/> EXPENSES UNREASONABLE: DENY REIMBURSEMENT – REASON _____ SIGNATURE/DATE _____																
17. APPROPRIATE DEPUTY COMMISSIONER/SUPERINTENDENT/CHAIRPERSON																
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED – Reason if disapproved. SIGNATURE/DATE _____																
18. DEPUTY COMMISSIONER ADMINISTRATIVE SERVICES <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED CENTRAL OFFICE/BOARD/COMM SUPV – AIRFARE/OUT OF STATE SIGNATURE/DATE _____																
19. COMMISSIONER - OUT OF STATE TRAVEL <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED SIGNATURE/DATE _____																
20. DIRECTOR OF BUDGET & FINANCE/ FACILITY STEWARD OR DESIGNEE																
<input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> FEDERAL FUNDED <input type="checkbox"/> FUNDS UNAVAILABLE/DISAPPROVE <input type="checkbox"/> NO COST TO THE STATE SIGNATURE/DATE _____																

FORM 1042B (8/11)
PHOTOCOPY AS NEEDED

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REQUEST TO HOLD/CONDUCT TRAINING OR CONFERENCE

TODAY'S DATE _____

1. OFFICE/DIVISION OR FACILITY	2. NAME OF TRAINING OR CONFERENCE.
3. DATE OF TRAINING OR CONFERENCE	4. LOCATION OF TRAINING OR CONFERENCE, CITY/COUNTY
5. PURPOSE OF TRAINING OR CONFERENCE	

6. CONFERENCE BENEFITS (Indicate benefits to unit and Department)

7. ANTICIPATED EXPENSES:

a. Lodging	\$ _____.		
b. Meals	\$ _____.		
c. Commercial travel	\$ _____.	Rental Car Bus	Train Plane
d. Special Functions, Banquets, etc.	\$ _____.		
e. Meeting Room Rental	\$ _____.		
f. Additional Expenses	\$ _____.		

8. UNIT HEAD

SIGNATURE/DATE _____

9. DIVISION HEAD

APPROVED	DISAPPROVED - Reason if disapproved.
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SIGNATURE/DATE _____

10. DEPUTY COMMISSIONER ADMINISTRATIVE SERVICES/SUPERINTENDENT

APPROVED	DISAPPROVED - Reason if disapproved.
----------	--------------------------------------

SIGNATURE/DATE _____

11. DIRECTOR OF BUDGET & FINANCE/ FACILITY STEWARD OR DESIGNEE

FUNDS AVAILABLE	FEDERAL FUNDED	FUNDS UNAVAILABLE/DISAPPROVE
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SIGNATURE/DATE _____