

**AUTHORIZATION REQUEST
FOR OUT-OF-STATE EDUCATIONAL PROGRAM**

JD-ES-129 Rev. 2-16

**STATE OF CONNECTICUT
JUDICIAL BRANCH**
www.jud.ct.gov

Instructions

Consult the Administrative Policies and Procedures Manual and follow distribution instructions below. The completed request should be forwarded to the Executive Director not less than 30 days prior to travel. Attach a copy of program description, agenda or related correspondence.

APPLICANT - Complete section I and retain a copy.

IMMEDIATE SUPERVISOR - Complete section II and forward to Executive Director.

EXECUTIVE DIRECTOR - Complete section III and seek approval of Chief Court Administrator.

If Chief Court Administrator approves, retain original for files and forward signed copy to Fiscal Administration, the immediate supervisor, the applicant and, if grant funding is involved, to Judge Support Services.

Section I

Name of applicant		Job title	Department/Division		
Employee ID number		Work location (Number, street, town)			
P R O G R A M	Program title		Name and full mailing address of sponsor(s)		
	Program date(s)		Location		
Is program offered at other locations? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, specify:					
P R O J E C T E D E X P E N S E S	1. Registration fee*	Type of transportation \$ <input type="checkbox"/> Air* <input type="checkbox"/> Rail* <input type="checkbox"/> State-owned vehicle <input type="checkbox"/> Personal vehicle			
	2. Transportation cost*	← If air or rail, by what date must the ticket be purchased to obtain this cost?			Date
	3. Lodging*	*Note - Receipts are required for air and rail transportation as well as lodging and registration.			
	4. Miscellaneous expenses				
	5. Total meal allowance	If special funding (e.g., grant funds, sponsoring organization) is available to reimburse the Judicial Branch, specify in boxes below the amount of funds to be reimbursed, the source of funds and the grant project name and number if applicable.			
	6. Amount to be reimbursed	Source of reimbursement	Grant name, grant number and identification number		
Is a cash advance requested? <input type="checkbox"/> No <input type="checkbox"/> Yes Amount \$ _____				An "Out-of-State Travel" form should be obtained from Fiscal Administration and submitted within one week of returning from program for reimbursement.	
Total estimated cost \$ _____		← The sum of items 1 through 5 above, minus item 6 (Amount to be reimbursed to Judicial Branch)			
Explain how the knowledge and skills offered by this program meet your needs and those of the Branch					
<p>E V A L U A T I O N C R I T E R I A</p> <p>Is your request to attend this program based on the need to prepare you to be faculty for a future in-state seminar? <input type="checkbox"/> No <input type="checkbox"/> Yes Name and date of seminar: _____</p> <p>Indicate the number of work days involved and the dates thereof</p> <p>Will you be teaching at this program? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>List the year, location, and name of any program attended during the last 12 months which involved out-of-state travel</p> <p>Total number of days spent during the last 12 months which involved out-of-state travel: _____</p> <p>Indicate any portion of the following that you are willing to assume</p> <p>Expenses \$ _____ Vacation/Leave days _____</p> <p>Signed (Applicant) _____ Date signed _____</p>					

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Section II (To be completed by Immediate Supervisor)

Comments (Including your assessment of how the knowledge and skills to be gained may benefit your office and the employee)

Recommend Approval ➔	Signed (Supervisor)	Date signed
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If grant funds are to be utilized to reimburse the Judicial Branch, the immediate supervisor is to confirm that the grant project manager has approved the expenditure of funds and that the manager of grant administration has verified availability of funds.

Name of Project Manager	Name	Date approved
Date Manager of Grant Administration Verified Availability of Funds ➔		Date verified

Section III (To be completed by Executive Director)

Approved as requested in the amount of \$ _____ along with _____ days paid leave.
 Partially approved in the amount of \$ _____ along with _____ days paid leave.

Any remaining difference in expenses or leave shall be assumed by the applicant.

Denied

Comments/Special Requirements:

Executive Director	Signed	Date signed
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Section IV (Action by Chief Court Administrator)

Approved
 Modified as Follows

Denied

Chief Court Administrator	Signed	Date signed
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Budgetary Coding

Expenditure Codes	Year	Fund	Agency	Spec.	Function	Activity	J.D./G.A.	Subminor	Major	Minor	Amount