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| **new_AOC_seal** | **Judicial Council****Administrative Office of the Courts****(JC/AOC)** |
| **Policy Procedure Owner** | **Human Resources** |
| **Policy Title** | **Out-of-State Travel Request** |
| **Policy Number** | **HR-07-18-003** |
| **Effective Date** | **February 2008** |
| **Revision Date** | **June 2016** |

**PURPOSE**

To ensure employees are authorized to request out-of-state travel for training or conferences.

**POLICY**

The policy of the Judicial Council/Administrative Office of the Courts (JC/AOC) is to, when requested and approved, authorize the approval of out-of-state travel for training or conferences.

**ELIGIBLE EMPLOYEES**

An employee, who travels on behalf of the JC/AOC, with the written approval of their Supervisor, Division Director, Budget Director, and Director is authorized to apply for travel request.

**GUIDELINES**

Employees must complete an out-of-state travel request form below (also found on the JC/AOC Intranet) to travel out-of-state, and obtain written approval from their Supervisor, Division Director, Budget Director, and Director.

Out-of-state travel reimbursements will not be given to employees that do not complete and have an approved out-of-state travel request form. A copy of the approved form must be attached to employees’ travel reimbursement.

**ATTACHMENTS**

Out-of-State Travel Request Form

 Judicial Council/Administrative Office of the Courts

Out of State Travel Approval Form

244 Washington Street, SW, Suite 300

 Atlanta, GA 30334

|  |  |
| --- | --- |
| Employee:  | Event: |
| Title:  | Event Dates (Use format m/d/yy) From: To:  |
| Division: | Event location: |
| Division Director:  | Organization/project for payment: |

1. **TRAINING/CONFERENCE**

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| --- |
| Type of Training/Conference: (Attach a copy of the agenda, brochure, letter, etc.)  |
| Is this the closest location? [ ] YES [ ] NO – If no, why are you requesting this location? |
| Will other JC/AOC employees attend the Training/Conference? [ ] YES [ ] NOJustification (In the space below, indicate how the training is specifically related to your job and the tasks that you perform. If more space is needed, please attach additional documentation to this form). |
|  |

 **II. BUDGET** (Please indicate proposed costs for each item.)

|  |  |
| --- | --- |
|  **EXPENSES** | **DIRECTOR’S RECOMMENDATION** |
|  Item | Proposed Cost |  Approved Cost | **Approved (*Initial*)** |  **Not approved ~ Explanation Required** |
| Registration | **$**  | **$** |  |  |
| Airfare | **$**  | **$** |  |  |
| **Mileage or Car Rental** | **$**  | **$** |  |  |
| **Hotel** | **$**  | **$** |  |  |
| **Meals** | **$**  | **$** |  |  |
| **Other** |  |  |  |  |
| **TOTAL** | **$**  | **$** |  |  |

note: Payment for travel (except airfare), lodging, and meals will be based solely on reimbursement. Statewide travel regulations require submission of receipts and documentation. To be allowable, costs must be necessary, reasonable, and allocable. Federal funds must be used in accordance with the appropriate statute and implementing grant regulations.

 **Applicant’s Signature:** **Date (m/d/yy):**

 **Supervisor’s Signature:** ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date (m/d/yy)**

 III. APPROVALS

 *Signatures (must be obtained in order)* DATE

|  |  |
| --- | --- |
| **1. SUPERVISOR:** |  |
| **2. DIVISION DIRECTOR:** |  |
| **3. BUDGET DIRECTOR:** |  |
| **4. DIRECTOR:** |  |