FORM 1042A (8/11)
PHOTOCOPY AS NEEDED

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

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? YES ☐ NO ☐ _____	9. BARGAINING UNIT? _____ CONF. DAYS USED THIS FY? ☐

10. PURPOSE OF TRAINING/MEETING/CONFERENCE

11. CONFERENCE BENEFITS (Indicate benefits to you, your unit, and the Department)

12. ANTICIPATED EXPENSES:

a. Registration fee	$ _____._____	Lodging incl. in Registration Fee? ☐ Yes ☐ No Meals incl. in Registration Fee? ☐ Yes ☐ No
b. Lodging	$ _____._____	☐ On Site ☐ Off Site
c. Meals	$ _____._____	
d. Commercial travel	$ _____._____	☐ Rental Car ☐ Bus ☐ Train ☐ Plane
e. State vehicle available?	As applicable by Facility or Central Office Standard Operating Procedure	☐ Yes ☐ No
f. Personal car mileage	_____ Miles @ _____ per mile = $ _____.____	
g. Special functions, banquets, etc.	$ _____._____	

13. EMPLOYEE'S SIGNATURE/DATE _____

14. SUPERVISOR

☐ TIME OFF APPROVED ☐ EXPENSES REASONABLE: REIMBURSE ☐ OTHER (Specify) _____

☐ TIME OFF NOT APPROVED ☐ EXPENSES UNREASONABLE: DENY REIMBURSEMENT - REASON _____

SIGNATURE/DATE _____

15. DEPUTY COMMISSIONER ADMINISTRATIVE SERVICES/SUPERINTENDENT ☐ APPROVED ☐ DISAPPROVED - Reason if disapproved.

SIGNATURE/DATE _____

16. DEPUTY COMMISSIONER ADMINISTRATIVE SERVICES - AIR TRAVEL ☐ APPROVED ☐ DISAPPROVED

SIGNATURE/DATE_____

17. COMMISSIONER - OUT OF STATE TRAVEL ☐ APPROVED ☐ DISAPPROVED

SIGNATURE/DATE_____

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

☐ FUNDS AVAILABLE ☐ FEDERAL FUNDED ☐ FUNDS UNAVAILABLE/DISAPPROVE

SIGNATURE/DATE _____