Montgomery College Office of Human Resources Strategic Talent Management
EAP Request Form for
Non-MC Courses, Seminars, Conferences, Workshops, Memberships

SECTION I. EMPLOYEE INFORMATION

Last Name: _____ **First Name:** _____ **MC ID:** _____

Date of Hire: _____ **Employment Status (***check one***):** ☐ Staff ☐ Faculty ☐ Administrator

Employment Status: (*check one***):** ☐ Full-time ☐ Part-time **Department:** _____

Campus: (*check one***):** ☐ R ☐ G ☐ TP/SS ☐ WG ☐ GBTC ☐ WHPL **Job Title:** _____

SECTION II. TYPE OF REQUEST		EAP CRITERIA	
Course?	☐	Preparing for higher level duties or other career at MC?	☐
Professional Membership?	☐	Job related?	☐
Seminar/Conference/Workshop?	☐	A requirement in a job related degree seeking program??	☐

Please provide explanation/justification of how request meets one or more of the criteria: _____

_____

_____

SECTION III. PAYMENT OPTIONS

☐ **Pay vendor** (*invoice/completed registration attached*)   ☐ **Reimburse me** (*receipt(s) attached*)

SECTION IV. ACTIVITY INFORMATION

NON-MC COURSES, SEMINARS, CONFERENCE OR WORKSHOP INFORMATION			
ORGANIZATION/ INSTITUTION	TITLE	BEGIN/END DATES	AMOUNT

FOR EAP TRAVEL ONLY. Completed Registration Form or Proof of Payment Required to Encumber Travel Funds:

Complete Prior to Travel:	Estimated Expense	
Lodging		**This area is for travel fees only!!
Airfare		**Only send airfare documentation when submitting EAP request.
Private Transportation		**Locally hosted events do not qualify for EAP Travel Related funds.
Local Transportation		**Please use the EAP Related Travel Account form when submitting for reimbursement
Parking		**Please included **detailed** meal receipts
Meals		**Please **tape** the smaller receipts to a page to avoid the possibility of loss.
Other		
**Estimated Total	$	

**PROVIDE DOCUMENTATION OF ESTIMATED AIRFARE ONLY

APPROVAL		
Employee Signature		_____/_____/_____
Supervisor Signature	Approved ☐ Y ☐ N	_____/_____/_____
Authorized HRSTM Signature	Approved ☐ Y ☐ N	_____/_____/_____

PLEASE RETAIN A COPY OF THIS FORM TO USE WHEN REQUESTING REIMBURSEMENT

FOR HR USE ONLY - NON-MC COURSES SEMINARS CONFERENCES OR WORKSHOPS

Amount: _____ **Account Number:** _____ **Record No:** _____

CHECKLIST FOR EAP FORM

SECTION I.   EMPLOYEE INFO

☐   Complete the entire section. To save time, download the form from MyMC, complete all of Section I (type directly on the form) and save. The next time a request is to be submitted, open the form, fill it out in its entirety and save it under another name. It will assist in time saving and also tracking your EAP usage.

SECTION II. TYPE OF REQUEST

☐   Check all boxes that apply under "Type of Request" as well as "EAP Criteria."

☐   Complete the justification.

➢   Failure to complete the justification will delay the processing of your request.
➢   Stating what the event is does not constitute a justification.
➢   Requests for memberships do not require justifications unless the memberships are not job related.
   → Per P&P, only one membership can be EAP funded each fiscal year. Unless the organization requires national, state, and local membership, only the national level will be funded.
   → Multi-year and lifelong memberships are not EAP eligible.

SECTION III.   PAYMENT OPTIONS

☐   Please check "Pay Vendor" or "Reimburse Me"

➢   If you choose to have MC prepay, please submit a completed registration form or invoice. Please confirm that the address is included with supporting documentation.
   → If you are submitting for college courses and don't have an invoice, please attach schedule reflecting dates and credits and account summary reflecting costs for course.

➢   If you choose to be reimbursed, please submit proof of payment with your request.
   → If a cancelled check serves as your proof of payment, please include the front and back images of the check as well as documentation from the organization that provides the cost of the event/course/workshop.

SECTION IV.   EVENT INFORMATION

☐   Please complete this area in its entirely.

➢   In the "Organization/Institution" area should be the name that payment will be issued to – please check the registration form to confirm this information is correct.

SECTION IV.   EVENT INFORMATION (*cont'd*)

> ➢ For memberships, the name of the organization should be completed in the same manner with the name under the "<u>Organization/Institution</u>" area, professional membership or annual dues under "<u>Title</u>", exact begin and end dates of membership under "<u>Begin/End Dates</u>," and cost under "<u>Amount</u>."

The area below Section IV is for <u>EAP Travel</u> **ONLY**. If you will not be utilizing this benefit, please leave this area blank.

If you are attending a conference and will be utilizing this benefit, please complete this section. Failure to do so will result in travel funds not being encumbered for you.

If your travel requires airfare, please attach documentation supporting your airfare reservation (<u>only</u>). P&P states that the lowest airfare possible be utilized for college travel.

While baggage fees are reimbursable, pre-check-in fees are not.

Upon completion of the form, please remember to sign and obtain the required signatures from your department and forward to HRSTM for processing.

Upon completion of travel, please submit your travel claim utilizing the EAP-Related Reimbursement Request for Long Distant Travel Funds (can be found on MyMC) within 30 days of travel. Please only submit up to $1,000.00 in receipts. Failure to submit travel claims within 30 days of travel will result in the release of your encumbered travel funds.

If you know prior to travel that your expenses will exceed the EAP Travel allowance, please submit the Long Distance Travel Form (found on the site for Office of Business Services) to your department for authorization to cover the balance. That form will go to Office of Business Services, not HRSTM, upon completion of your travel.