

WISCONSIN DEPARTMENT OF MILITARY AFFAIRS
STATE TRAINING REQUEST and OUT OF STATE TRAVEL AUTHORIZATION

Instructions for completing DMA Form 38-E

1. Complete DMA Form 38-E. **Attach a course description.**
2. Get proper signatures. Do **NOT** register for courses until all approvals have been secured.
3. Retain one (1) copy for your records.
4. Forward original request to WING-SHR or your designated training coordinator. Training requests must be submitted well in advance of any registration deadlines to allow adequate time for review.
5. Copy of approved/denied training request will be returned to employee and their supervisor. Employee is responsible for registering for course, if approved.
6. If the training event is located out-of-state, it is not necessary to submit a separate DMA Form 227 with this training request.
7. Incomplete submissions will be returned.

DEFINITIONS:

Employer Directed - training is commonly referred to as *In-Service Training* or *Job Related Training*. There are two main factors for determining if the course is properly designated as such: 1) Attendance is **required** by the employer and 2) the purpose of the training/education is to acquire, improve, or update a skill or knowledge necessary for the successful performance of the employee's **current** position or those needed for advancement in his/her current classification progression series.

“Course justification” for employer directed training must be completed by the supervisor who is directing the employee to attend the training event and must demonstrate that completion of the training event is necessary for the successful performance of the employee's current position duties and responsibilities or for advancement in a progression series.

Payment for Employer Directed Training: The employer will cover 100% of the costs (i.e. registration fees, course material, and travel) and the employee will attend without loss of pay.

Career Related - training/educational activities are **not required** by the employer. Knowledge or skills obtained through the training event are **not** necessary for the successful performance of the employee's **current** position. These training or educational objectives are undertaken by the employee for the purpose of advancing one's career, either by the employee's own initiative or at the suggestion of the employer.

“Course justification” for career related training must include information regarding the career advancement objective, how the course will benefit the employee in attaining that goal, and how attainment of the goal will benefit the department.

Payment for Career Related Training: The employer has sole discretion as to the amount of costs to be reimbursed (i.e. 0% to 100%) as well as pay status during attendance if the training occurs during the employee's normal work hours. Employees will **not** be in pay status during career related training outside of normal work hours.

Status on Trip

Instructor or on Business – employee will be attending an event and serving in an instructor-type capacity, or is attending a business related meeting or other activity where he/she is attending as an equal member of the group.

Attending Training/Conference – employee is attending a training, class, conference, seminar, etc. and is in a student-type role.

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<u>Employee Name:</u>		<u>Date of Request:</u>			
<u>Job Classification:</u>		<u>Course or Conference Title:</u> <i>(attach description)</i>			
<u>Work Unit and Office Symbol:</u>		<u>Course Location:</u>			
<u>Work Location:</u>		<u>Course Date(s):</u>			
<u>Work Phone Number and Fax:</u>		<u>Departure/Return Date(s):</u> <i>(if different than above)</i>			
<u>Fund Source:</u>		<u>Course Vendor/Provider:</u>			
STATUS ON TRIP		COURSE IS			
<input type="checkbox"/>	I am an Instructor or on Business (attending meeting)	<input type="checkbox"/>	Employer Directed (100% reimbursed)		
<input type="checkbox"/>	I am attending Training / Conference / Seminar	<input type="checkbox"/>	Career Related:		
ESTIMATED EXPENSES		Indicate % to be reimbursed by the employer: ____%			
Registration Fee	\$	PROPOSED METHOD OF PAYMENT			
Books / Course Materials	\$				
Travel	\$			<input type="checkbox"/>	P-Card (State of Wisconsin purchasing card)
Lodging	\$			<input type="checkbox"/>	Personal Credit Card (reimbursed on travel voucher)
Meals	\$			<input type="checkbox"/>	Vendor will Bill Agency
Other <i>(explain)</i>	\$			<input type="checkbox"/>	Direct Payment to Vendor, by Agency
Total Estimated Expenses	\$			<input type="checkbox"/>	Cash (reimburse employee)
<u>Course Justification:</u>					
<u>Reason for Denial:</u>					
_____		_____	APPROVED		
(Employee – Print Name & Sign)		(Date)	<input type="checkbox"/>		
_____		_____	DENIED		
(Supervisor – Print Name & Sign)		(Date)	<input type="checkbox"/>		
_____		_____	<input type="checkbox"/>		
(2nd Line Supervisor – Print Name & Sign)		(Date)	<input type="checkbox"/>		
_____		_____	<input type="checkbox"/>		
(Training Coordinator – Print Name & Sign)		(Date)	<input type="checkbox"/>		
_____		_____	<input type="checkbox"/>		
(Budget & Finance – Print Name & Sign)		(Date)	<input type="checkbox"/>		

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Request for Out-of-State or In-State/Restricted Travel Approval

AUTHORIZATION # (Assigned by Budget & Finance Office)	
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TYPE OF REQUEST		TYPE OF ACTIVITY	
<input type="checkbox"/>	Out of State Travel	<input type="checkbox"/>	Business / Meeting
<input type="checkbox"/>	In State / Restricted Travel	<input type="checkbox"/>	Conference / Convention
<input type="checkbox"/>	Headquarters City	<input type="checkbox"/>	Training / Seminar

INDICATE EXPENSE(S) BELOW IF NEEDED & JUSTIFY HOW IT IS CRITICAL TO THE AGENCY MISSION	
<input type="checkbox"/>	Rental Vehicle at Destination
<input type="checkbox"/>	Lodging in Excess of Office of State Employment Relations Travel Schedule Amounts
<input type="checkbox"/>	Transportation other than Lowest Fare

Justification:

<u>Review/Coded By:</u>	<u>Approp Unit</u>	<u>Dept</u>	<u>Account</u>	<u>Project</u>	<u>Activity</u>	<u>%</u>
<u>Agency Head Approval:</u>		<u>WEM Employees Only:</u> WEM Budget & Policy Analyst's Signature to Confirm Funding				

DISTRIBUTION:

- 1 Copy – Employee; to be attached to any expense vouchers submitted
- 1 Copy – Supervisor
- 1 Copy – DMA State Budget and Finance Office
- 1 Copy – DMA State Human Resources Office