UVAFinance

Quick Reference Guide

UVAFinance Professional Development & Training Request Form Overview

This Quick Reference Guide (QRG) is designed to walk through the steps to fill out the UVAFinance Professional Development & Training Request Form

Document & Steps

The UVAFinance Professional Development & Training Request Form can be found at the following link:

https://uvafinance.virginia.edu/form/uva-finance-professional-develop

UVA Finance Professional Development & Training Request

Employee Name*	Email	Departm	ient *	UVA ComputingID*
Patricia Marbury	pam5w@virginia.edu	FI-Trair	ning & Development	pam5w
Professional Development Reques	st Title *			
ie. Workday Rising Conference				
Professional Development Type	*			
- Select -				~
Training Location*				
- Select -				`
Are you an Organizer or Presenter-	*			
No				•

Employee name, Email address, Department, and UVA Computing ID will default.

Professional Development Request Title: Enter the name of the event, including sponsor of the event, if applicable (e.g., Workday Rising Conference, NACUBO Annual Meeting, etc.) Also, enter the location if it is an in-person event.

Professional Development Type: Select the type of professional development opportunity from the dropdown list. Note: If you are requesting to enroll in a course or certification program in the Workday Learning Center that requires the use of credits, select WD Learning Center Credits.

Training Location: Select Virtual/Online, Virginia, National, or International from the dropdown list. If the opportunity will involve travel enter additional information about the location in the description field.

Are you an Organizer or Presenter? Select Yes or No

IMPORTANT DATES ABOUT THE EVENT OR PROFESSIONAL DEVELOPMENT				
When do you need a decision?	Event/Training Start Date*	Event/Training End Date*		
2023-11-06	2023-10-30	2023-10-30		

When do you need a decision? Enter the date a decision needs to be made. Keep in mind registration deadlines, course start dates, etc.

Event/Training Start Date: Enter the start date. For self-paced programs, enter the estimated date you plan to start.

Event/Training End Date: Enter the end date. For self-paced programs, enter the estimated completion date.

COSTS & FEES ASSOCIATED WITH THE EVENT OR PROFESSIONAL DEVELOPMENT TRAINING

egistration Fee/Cost of Event \$ 0	
ortion covered by UVA Education benefit, if any \$	
II you utilize any of your UVA Education benefit to cover fees or costs associated with this event or training? (HR Education Benefit Info)	

Registration Fee/Cost of Event: Enter the cost of the course, certification, conference, etc. **Note: For courses/certifications using Workday Learning Center Credits, leave this blank or enter 0.**

Portion covered by UVA Educational Benefit (if any): Enter the amount, if any, you intend to cover with the centrally funded UVA Education Benefit.

Travel Costs*				
Yes				~
Will there be any Travel costs associated	with the training or event? If yes please provide the	dollar estimation or actual amounts. (UVA Finance Trav	el Planning Info)	
If there are travel cost please	e estimate the following potential expe	nses.		×
Transportation \$	Lodging Cost \$	Per Diem Cost \$	Other Expenses \$	
0	-1	0	0	
		Estimated Per diem costs. (Rate Guid	e)	

Travel Costs: Select Yes or No. If you select Yes, you will see the additional fields for estimated travel costs.

Transportation: Enter the estimated cost for travel (air or rail fare, or cost of mileage if driving. Transportation costs may be entered if local if the location is further than the miles of your normal commute.)

Lodging Costs: Enter the estimated cost for lodging.

Per Diem Cost: Enter the estimated cost for per diem.

Other Expenses: Enter an estimate for any other anticipated expenses.

Description & Justification *		
		/8

Description & Justification: Enter a brief description of the event, and your purpose for requesting participation.

When completed, click Submit.

Submit