



**DEPARTMENT OF CORRECTIONS
Chief Financial Office**



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| Title: | Out-of-State Travel Authorization | DOC Policy: 30.4.2 |
| Effective: | 2/20/25 | Supersedes: 3/5/18 |
| Applicability: | All functional units | |
| Directives Cross-Reference: OAM 40.10.00: Travel – Statewide Travel Policy ORS 292.230 Out-of-State Travel | | |
| Attachments: CD 1413 Out-of-State Travel Authorization | | |

I. PURPOSE

To establish guidelines for the approval of out-of-state travel for official state business of the Department of Corrections (DOC).

II. DEFINITIONS

- A. Functional Unit: Any organizational component within the Department of Corrections responsible for the delivery of program services or coordination of program operations.
- B. Functional Unit Manager: Any person within the Department of Corrections who reports either to the Director, Deputy Director, Assistant Director, or an administrator and has responsibility for delivery of program services or coordination of program operations.
- C. Official State Business: Activity conducted by any agency personnel that has been authorized by that agency in support of approved state programs.
- D. Out-of-State Travel: Travel to a destination outside the borders of Oregon.

III. POLICY

- A. The Department of Corrections shall limit the number of employees attending the same out-of-state business meeting and, to the extent possible, develop information sharing for reporting and other aspects that have benefits to more than one person or the agency.

- B. Any employee or Department of Corrections representative may be authorized for out-of-state travel for the purpose of conducting official state business that relates to their Department of Corrections scope of responsibilities.
- C. Out-of-state travel shall be conducted in the most efficient and cost-effective manner resulting in the best value to the state.
- D. Approval Requirements:
 - 1. Prior to making any out-of-state travel arrangements, employees must receive approval through the following process:
 - a. The employee or Department of Corrections representative must submit to their immediate supervisor a completed Out-Of-State Travel Authorization form (CD 1413), accompanied by relevant information and justification for the trip.
 - b. The supervisor will review the request and recommend approval or denial based upon the necessity and justification for travel. If the travel request is recommended for approval, the Out-Of-State Travel Authorization form (CD 1413) will go to the functional unit manager for approval.
 - c. The functional unit manager will review the Out-of-State Travel Authorization form (CD1413) and recommend approval based upon the assurance that funds are available and that the travel is justified. The functional unit manager shall then submit the approved authorization form to the Assistant Director responsible for funding the travel.
 - d. The Assistant Director will review the authorization form and recommend approval or denial based upon a determination that the travel relates to Department of Corrections scope of responsibility and meets the criteria for out-of-state travel in accordance with OAM 40.10.00 and ORS 292.230. The Assistant Director will submit the approved authorization form to the Director for final approval.
 - e. Approved authorization forms shall be forwarded to Financial Operations Central Accounting, along with the employee's Travel Expense Detail Sheet (TEDS) and other supporting documentation.
 - f. Out-of-state travel on short notice due to unusual circumstances requires a written explanation to be submitted with the authorization form.
 - g. Authorization forms denied at any step in the process above will be returned to the functional unit manager.

2. The Director does not need pre-approval for their own out-of-state travel. However, for internal control purposes, the Director should document the relevant information and justification for the trip.

V. IMPLEMENTATION

This policy will be adopted immediately without further modification.

Certified: signature on file
Julie Vaughn, Rules Coordinator

Approved: signature on file
Michael Reese, Director



OUT-OF-STATE TRAVEL AUTHORIZATION

STATE TRAVEL REGULATIONS WHICH GOVERN ALL OFFICIAL TRAVEL BY STATE OFFICERS AND EMPLOYEES ARE CONTAINED IN COLLECTIVE BARGAINING AGREEMENTS, DOC POLICY 30.4.2, AND THE DEPARTMENT OF ADMINISTRATIVE SERVICES OREGON ACCOUNTING MANUAL

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|---|--|---|--|--------------------------------|---------------|
| 1. NAME OF EMPLOYEE: | | 2. AGENCY: Department of Corrections | | 3. REQUEST DATE: | |
| 4. TITLE OF EMPLOYEE: | | | 5. DIVISION OR WORK UNIT: | | |
| 6. AGENCY ACCOUNTING INFORMATION (Cost Center/Object/Subsidiary Code): | | | | | |
| 7. ITINERARY – SHOW DATES AND TIMES OF ARRIVAL AND DEPARTURE | | 8. ESTIMATED COST OF TRIP \$ | | 9. BIENNIAL ALLOCATION \$ | |
| | | MEALS AND LODGING | \$ | OUT-OF-STATE TRAVEL ALLOCATION | \$ |
| | | TRANSPORTATION | \$ | EXPENDITURES TO DATE | \$ |
| | | MISCELLANEOUS | \$ | ESTIMATED TOTAL COST THIS TRIP | \$ |
| | | TOTAL | \$ | BALANCE AVAILABLE | \$ |
| 10. METHOD OF TRANSPORTATION: | | | | | |
| 11. LODGING RATE(S) REQUESTED DATE(S): | | | | | |
| DAILY RATE(S): | | | | | |
| 12. PURPOSE OF TRIP – BE SPECIFIC: | | | | | |
| 13. REPRESENTATION: <input type="checkbox"/> EXECUTIVE SERVICE <input type="checkbox"/> MANAGEMENT SERVICE <input type="checkbox"/> UNREPRESENTED <input type="checkbox"/> REPRESENTED – BARGAINING UNIT NAME: | | | | | |
| 14. SIGNATURE OF EMPLOYEE | | | TITLE: | | PHONE NUMBER: |
| 15. SIGNATURE OF SUPERVISOR | | | TITLE: | | PHONE NUMBER: |
| 16. SIGNATURE OF ASSISTANT DIRECTOR | | | DIVISION: | | PHONE NUMBER: |
| 17. AGENCY APROVAL: I CERTIFY THIS TRIP IS NECESSARY; REQUIRED MONIES ARE BUDGETED AND ALLOTTED FOR EXPENDITURE; AND THE TRIP MEETS ALL REQUIREMENTS OF THE STATE TRAVEL REGULATIONS. | | | 18. SIGNATURE OF DIRECTOR OR DEPUTY DIRECTOR | | TITLE: |