

	OFFICE OF STATE FIRE MARSHAL <i>REGIONAL HAZARDOUS MATERIAL EMERGENCY RESPONSE TEAMS</i> STANDARD OPERATING GUIDELINES	Number: T-014 Adoption Date: October 27, 1993 Review/Revision Date: February 23, 2010
OSFM Approved: <u>Signature on File at OSFM</u> _____ Date _____ Randy Simpson, State Fire Marshal		<u>Signature on File at OSFM</u> _____ Date _____ Mariana Ruiz-Temple, Emergency Response Mgr
SUBJECT: Reimbursed Training, Seminars and Conferences Guidelines OBJECTIVE: To Provide Guidelines for Requesting Approval for and Reimbursement of Team Personnel Expenses for Training, Seminars and Conferences.		

I. SCOPE

This guideline applies to all regional response team personnel who wish to attend training events, seminars or conferences at State expense. The State will only reimburse training, seminar and conference expenses for personnel who have been granted prior approval.

II. REQUESTS FOR APPROVAL

All requests for training, seminars and conferences will be made on state-approved forms. Requests must include:

- 1) Request for Training
- 2) Copy of completed Registration form
- 3) Course, seminar or conference information brochure.

Registration with the provider of the event is the responsibility of the student, and a copy must be submitted to the Office of State Fire Marshal (OSFM) with the Request for Training form.

Requests must be signed by the Applicant, Team Administrator and/or Team Training Coordinator. Requests for in-state training must be received by the OSFM no later than 14 days prior to first day of training, seminar or conference.

Requests for out-of-state events requiring airline travel must be received no later than 30 days prior to first day of training, seminar or conference to allow for appropriate approvals and the most reasonable airfare available. All airline tickets must be booked through the state travel agent and paid directly by the OSFM.

A. Training

If the training is designed to meet National Fire Protection Association (NFPA) or Occupational Safety & Health Administration (OSHA) standards, the training will normally be approved and reimbursed by the OSFM. Said training would also be approved pursuant to Oregon Administrative Rules (OAR) 837-120-301 through 837-120-401.

B. Seminars / Conferences

Requests for training, seminar or conference will be approved by the Operations Manager. The Teams Training Advisory Committee (TTAC) may review informational materials for conferences and seminars for quality/value and provide recommendations to the Office of State Fire Marshal on the number of personnel to attend, and the skill level required.

III. REIMBURSEMENTS

The amount reimbursed by the State will be deducted from the team's training budget. Requests for reimbursement of training, seminar or conference expenses shall be made on state-approved forms (Attachment 1). A Travel Expense Detail Sheet shall be submitted within 15 days of completion of training, seminar or conference. *Original* receipts for all expenses, excluding meals, over \$25 must accompany request, except when paid by the state directly to provider of services, i.e. lodging facility, airline or sponsor of event. Detailed instructions for completing the Travel Expense Detail Sheet are printed on the reverse side of the form. (Attachment 2) A Permission to Use Personal Vehicle form must be completed and submitted with a Travel Expense Detail Sheet when requesting mileage reimbursement. (Attachment 3)

IV. ADVANCED TRAINING

Advanced training is that training beyond the requirements for Hazardous Materials Technician Weeks 1 & 2, and Weeks 3 & 4 and includes Train-the-Trainer courses, specialty training, and continuing education. TTAC can act as a review board for regularly scheduled advanced training for quality/value and provide recommendations to the OSFM on the number of personnel to attend and the skill level required. All requests for advanced training, and reimbursement shall be submitted on State approved forms as outlined in Sections II. and III. above.

V. UNSUCCESSFUL COMPLETION OF COURSE

The team administrator shall be notified whenever a team member fails to complete a training course or receives a failing grade from a training course for which the State has paid.

For additional information, see the Department Travel Rules at <http://scd.das.state.or.us/oam/scdpolicy/tableofcontent.htm#travel> or contact the Office of State Fire Marshal HazMat Teams unit at (503) 373-1540. Federal per diem rates can be found at http://www.gsa.gov/Portal/gsa/ep/contentView.do?programId=9704&channelId=15943&oid=16365&contentId=17943&pageTypeId=8203&contentType=GSA_BASIC&programPage=%2Fep%2Fprogram%2FgsaBasic.jsp&P=MTT

A completed Travel Expense Detail Sheet must be submitted to the OSFM within FIFTEEN DAYS of the completion of training or last date of seminar/conference.

ORIGINAL RECEIPTS for all lodging expenses claimed and for miscellaneous expenses over twenty-five dollars MUST be attached to original copy of this form. Receipts for meals need not be included.

Social Security Number: Enter the SSN of the Team Member.

Payee Name and Address: Enter the name of the person or department to whom the reimbursement is to be made. Enter the complete mailing address for the Payee. Reimbursement cannot be made without this information.

Team Member Name: Enter the name of the team member.

Team Name and Team #: Enter the name of the team you represent and team number, i.e. Douglas County HazMat Team and Team # 01.

Mailing Address: Enter your mailing address where you receive official mail.

Location (City) of Official Station: Enter the official station of the Team Member claiming reimbursement.

Telephone No.: Enter your daytime telephone number.

Course Name/Title: Enter the Course Name/Title of the training attended.

Date: Make a separate line entry for each day of travel.

Time of Departure from Station: For the first date of travel, enter the time of departure from your official station. Times do not need to be entered for days you do not travel.

Time of Return to Station: For the last date of travel, enter the time of return to your official station.

Destination: Enter the name of the city you are traveling to on the first date. Enter the name of the city you are returning to on the last date.

Per Diem/Hourly Allowance: Enter the applicable daily meal per diem for the travel destination.

Breakfast: Enter the applicable breakfast meal per diem.

Lunch: Enter the applicable lunch meal per diem.

Dinner: Enter the applicable dinner meal per diem.

Lodging: Enter the actual cost of lodging, not including room tax.

Total Meals & Lodging: Enter the total of the amounts for meals and lodging.

Totals: Show the total of each column at the bottom of the columns.

OSFM Use Only: FOR OFFICE USE ONLY! - Cost Distribution: This section is for the use of the accounting section of the employing agency in distributing costs.

Date: Show the month and day(s) in which the miscellaneous expense(s) was incurred.

Miscellaneous Expenses: Fares, Vehicle Mileage, Room Tax, Telephone Charges, and Other Expenses. Identify the exact expense claim. Sample entries are "Car mileage - Salem to Portland and return." "Telephone Call", "Parking" (Use additional forms if needed.)

Training Related Y/N: Indicate if the mileage and/or miscellaneous expenses are training related.

Rate Per Mile: Enter rate per mile for vehicles.

Vehicle Miles: Enter the number of miles traveled in a vehicle on official business.

Amount: Enter the amount for each item of expense.

***Travel Awards:** Check the appropriate boxes regarding any travel awards accepted as a result of this travel. The completion of this block is mandatory in order to obtain reimbursement for the expenses claimed on this form. Agencies are mandated to collect this information and maintain records on employee accumulations as reported. Travel awards include, but are not limited to, airline frequent flyer miles, hotel and car rental points or rewards.

***YOU MUST COMPLETE THIS BOX OR YOUR REIMBURSEMENT CANNOT BE PROCESSED.**

Reason for Travel: Be specific in stating reason for travel and subsequent expenses incurred.

Grand Total Amount: Add expenses from Total of Meals and Lodging to Total of Miscellaneous Expenses.

Amount Due Employee/State: Enter the total amount the State of Oregon owes the employee.

Shared Room: Check box if you shared a room with another person. List the name and team number of the other occupant.

Signature: The travel expense detail sheet must be signed by the team member, certifying that the request for reimbursement is for actual expenses not claimed from any other source. Signature must be original. Fax and photocopies will not be accepted.

Team Representative Signature: The travel expense detail sheet must be signed by the Team Administrator or Team Training Coordinator, certifying that the request for reimbursement is for actual expenses not claimed from any other source and approving these funds be deducted from their training budget. Signature must be original. Fax and photocopies will not be accepted.

Oregon State Police PERMISSION TO USE PERSONAL VEHICLE

TO: _____
(Supervisor)

DATE: _____

FROM: _____
(Employee)

SUBJECT: REQUEST TO USE MY PERSONAL VEHICLE ON STATE BUSINESS

I request approval to use my own vehicle for state business for the purpose of: _____

Period of use: _____

Note: All authorizations expire December 31st

Reason for using my own vehicle: _____

I am () am not () asking for mileage payment. Insurance terms remain the same whether or not mileage payment is requested.

While using my own vehicle on state business, **my** auto insurance applies first. If I have an accident and the loss to others exceeds my own policy limits, the State's coverage will apply to the amount over my policy limits. BUT, the State will not cover any loss or damage I cause to others when I am **not** acting within the scope of my state employment or duties. Nor will it cover if my actions amount to malfeasance in office or willful or wanton neglect of duty.

It is **my** responsibility to carry liability, uninsured motorist, and personal injury protection insurance as required by law. It is up to me to carry physical damage coverage. The State only provides coverage for physical damage, uninsured motorist, and personal injury protection on vehicles owned, rented, or leased by the State. This means that the State will **not** pay the costs of any repairs to my vehicle.

If I have any questions about the correct insurance coverage for my personal vehicle while driving on state business, I will contact my own insurance agent for advice.

If I am involved in a vehicle accident while on state business, I will promptly notify my supervisor and my agency risk coordinator.

Requested By:

Approved By:

Employee's Signature

Date

Supervisor's Signature

Date

Submit with Travel Expense Detail Sheet when requesting mileage reimbursement.