Note

This Policy is no longer active

It is made available here for archival purposes only
Aloha, All,

After re-organization of the community college system, there has been some confusion about which policies are official. The Community College Chancellors Memorandum (CCCMs) do not always apply anymore, since they filled in the gap between colleges and the former chancellor's office. Many decisions have been delegated to the college level, and often UH system policies are in place to cover current decision-making. Some CCCM's are still being followed by mutual agreement until they can be replaced. The system publishes a chart to try to show which those are at http://www.hawaii.edu/offices/cc/docs/policies/UHCC_Policy_Conversion_Analysis.pdf.

A subcommittee of the Windward Faculty Senate took on the task of clarifying college questions about current policy. At their recommendation, I am making it official that the Windward Community College Policy Manual is found at http://windward.hawaii.edu/Policies/Campus/. This can also be found by going to our website, then clicking Governance, and then clicking the button labeled "Policies". The 1995 paper "WCC Policies" documents are no longer in use.

The faculty senate subcommittee on procedures and policies has also suggested procedures for development of new policies. I have accepted their recommendations, and their procedures will be used to create a "policy on policies" that will be issued soon. I would like to thank Ellen Nagaue, Leslie Lyum, Toshi Ikagawa, and Letty Colmenares for their work on this project. Thanks also to Jan Lubin for her assistance to them, and to the faculty senate for following through.

 Angela Meixell
 Chancellor

Angela Meixell. Ed.D.
Chancellor
Windward Community College
45-720 Kea'ahala Rd.
Kaneohe, HI 96744

www.wcc.hawaii.edu
PROCEDURE FOR APPROVING INTER-ISLAND AND OUT-OF STATE TRAVEL DURING DUTY PERIOD

1. **Purpose:**

   To establish campus procedures for approving inter-island or out-of-state travel requests during "duty periods".

2. **Policy References:**

   
   b. Memos of November 9, 1982 and May 18, 1983 from Director of Finance.
   
   c. CCCM #2021, Revised June 1, 1983.

3. **Applicability:**

   This policy applies to all inter-island or out-of-state travel taken during the duty periods as defined by respective collective bargaining agreements affecting members of such employee Unions or Conditions of Service policies affecting management staff.

4. **Forms Required:**

   a. UH FORM 25 (Form A) is required for most travel, and is to be approved by the Provost. (Attachment a); or
   
   b. UH FORM 25 (Form b) is required for certain travel (see 5.b. below), and is to be approved by the Chancellor (see CCCM #2021 on file in the Office of the Dean of Instruction and the Office of Director for Administrative Services); and
   
   c. University of Hawai‘i Requisition Form (requisition for airfare); and
   
   d. UH Form 4, Travel Completion Report (Attachment); and
   
   e. Memorandum entitled “Out-of-State Travel” (Attachment).

5. **Procedures:**

   a. Faculty and staff contemplating out-of-state travel are expected to discuss those travel plans with their respective Dean, Assistant Dean, Director, or Provost (as appropriate) prior to seeking formal approval. Subsequent to the discussion, such travel may be listed on the Annual Travel Plan as "tentatively approved" but requiring final prior approval by the University of Hawai‘i Board of Regents.

   1) Where such travel will involve funds administered by the University, travelers must submit a written request to the Dean, Assistant Dean, or Director at least 30 days prior to the start of the fiscal quarter in which the travel is to take place. (For example, if travel is to occur between March 15-18, 1981, the request must be received by December 2, 1980, as the fiscal quarter in which travel is to occur is January through March). If travel plan is approved, it shall be recorded on the Quarterly Out-of-State Travel Plan submitted by each Dean/Director to the Provost and then to the Chancellor 15 days prior to the start of each fiscal quarter.

   2) Where such travel will not involve funds administered by the University, the traveler is expected to submit a written request at least 30 days prior to the dates of such travel.

   3) Where such travel will occur during the interval between semesters, the terms of the current agreements between the University of Hawai‘i (Employer) and the respective employee Unions shall apply if different than 1 or 2 above.
b. In addition to approval by the Provost, travel affected by the following circumstances requires prior approval of the Chancellor for Community Colleges.

1) Meetings sponsored by the American Association of Collegiate Registrars and Admissions Officers (AACRAO), the Pacific Association of Collegiate Registrars and Admissions Officers (PACRAO), the National Association of State Universities and Land Grant Colleges (NASULGC), the American Association of Community and Junior Colleges (AACJC), the Association for Institutional Research, the Western Association of Colleges and University Business Officers, the American College of Personnel Association Conference, and the Academy of Academic Personnel Administration.

2) Two or more individuals attending the same conference/workshop or traveling for the same purpose.

3) Travel which was not listed in the annual or amended travel plan on file in the Chancellor's Office.

c. Faculty and staff contemplating inter-island travel are expected to discuss those travel plans with their respective Dean, Assistant Dean, or Director, or Provost (as appropriate). Prior written approval is required, whether UH administered funds are involved or not and travel is taken during the scheduled work week (i.e., exclusive of Sundays and legal holidays). UH Form 25, Form A (or B if appropriate) signed by the Provost (or Chancellor if appropriate) shall be used to acknowledge approval.

d. Occasionally, faculty or staff may be requested by the Provost to travel, in which case the minimum notice requirements shall be waived.

e. The written request is to be submitted to the traveler's Dean, Assistant Dean, Director, or Provost (as appropriate) for ultimate approval by the Provost. The request must include at least the following information in the form specified (see Attachment D):

1) Purpose of travel.
2) Itinerary.
3) Inclusive dates of absence and destinations.
4) Source of funds.
5) Benefits of travel to individual and to College (i.e., justification).
6) If during duty period, indication of how classes or other duties are to be covered during the absence.

f. Travel funded by State funds shall not be undertaken unless approved by the University of Hawai‘i Board of Regents prior to departure date of travel. Travel taken without such approval shall be at the expense of the traveler unless specifically exempted from such expense by the Board of Regents.

g. Within seven (7) working days of completing the trip, the traveler shall submit a brief written report summarizing results of business conducted and a completed UH Form 4 to the respective Dean, Assistant Dean, Director, or Provost (as appropriate).

6. Effective Date:

This Windward Community College Policy Guideline is effective August 1, 1995.

Attachment A (UH Form 25/Form A)
Attachment B (UH Form 25/Form B)
Attachment C
Attachment D
**UNIVERSITY OF HAWAII**

**TRAVEL REQUEST**

- **INTRA-STATE**
- **OUT-OF-STATE**

<table>
<thead>
<tr>
<th>B.U. No.</th>
<th>Social Security No. (35-43)</th>
<th>Last Name, First Name, Middle Initial (44-46)</th>
<th>Document No. (1-6)</th>
</tr>
</thead>
</table>

**U.H. Department/Campus**

**Traveler's Title**

**Date (7-12)**

**Special Check Distribution Instructions**

**Contact:**

**Ph:**

**Proposed Depart Date**

**Proposed Return Date**

**Proposed Itinerary**

**Source of Funds (Contract/Grant No., Account No.(s) and Amounts)**

### Estimated Travel Costs

<table>
<thead>
<tr>
<th>Per Diem</th>
<th>No. of Days</th>
<th>Rate</th>
<th>X Days</th>
<th>$</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Excess No. of Lodging</th>
<th>X Days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Air Fare (P.O. #)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mileage/Taxi/Car (P.O. #)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Conference Fee (P.O. #)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
</table>

**Travel Advance (13-34)**

<table>
<thead>
<tr>
<th>TC (13-14)</th>
<th>ACCOUNT CODE (15-28)</th>
<th>APP (29-30)</th>
<th>OBJECT (31-34)</th>
<th>REQUESTED (70-79)</th>
</tr>
</thead>
</table>

| 22 |
| 61 |

**Purpose/Justification for Travel**

**Comments/Reasons for Disapproval**

**Traveler's Signature**

**Date**

**APPROVAL OF TRAVEL REQUEST/ADVANCE**

**Principal Investigator**

**Date**

**Fiscal Officer**

**Date**

**Department Head**

**Date**

**Supervisor (Intra-State)**

**Date**

**Dean/Director/Chancellor/ Vice-President/President (Out-of-State)**

**Date**
TRAVEL REQUEST INSTRUCTIONS
(Refer to APM A8.851 for Complete Instructions)

Use of Form
This form is used to authorize travel and to process advances to the traveler. For any travel advance, the original and two copies of the approved Travel Request must be received by the Disbursing Office at least ten (10) working days prior to the departure date. If no travel advance is requested, approved Out-of-State Travel Requests are to be submitted to the Disbursing Office with the Travel Completion Report.

Special Check Distribution Instructions
For regular employees, the employee’s home department/campus is referenced from the U.H. Personnel (FSIS) files, and the Disbursing Office contacts the department/campus for check distribution. For non-regular employees and University representatives, the “U.H. Department/Campus” section of this form will guide the distribution process. The “Special Check Distribution Instructions” section of this form should be completed only if the check is to be distributed to another location.

Estimated Travel Costs
Reflect total estimated costs of travel including airfare, car rental, and conference fees covered by purchase orders. Attach conference brochures, correspondence, or other documentation which support the cost estimates.

Travel Advance
Indicate the account code to be charged, the appropriate object symbol, and the advance amount requested. The travel advance is normally limited to per diem.

Travel Authorization
For all Out-of-State Travel Requests, the Disbursing Office requires the signatures of the a) Dean/Director (Manoa Units), Chancellor (Community Colleges, West Oahu, U.H. at Hilo), Vice-President (Systemwide Programs, Travel by Deans/Directors), President (Travel by Chancellors or Vice-Presidents); b) the appropriate Fiscal Officer; and c) the Traveler. For Intra-State Travel Requests (for advances), the signature of the traveler’s supervisor may replace the signature of the Dean/Director/Chancellor/Vice-President/President.

---

PER DIEM SCHEDULE

<table>
<thead>
<tr>
<th>Time of Departure/Return</th>
<th>Allowed on Day of: Departure</th>
<th>Allowed on Day of: Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:01 a.m. - 6:00 a.m.</td>
<td>1 day</td>
<td>¼ day</td>
</tr>
<tr>
<td>6:01 a.m. - noon</td>
<td>¾ day</td>
<td>½ day</td>
</tr>
<tr>
<td>12:01 p.m. - 6:00 p.m.</td>
<td>¼ day</td>
<td>¾ day</td>
</tr>
<tr>
<td>6:01 p.m. - midnight</td>
<td>¼ day</td>
<td>1 day</td>
</tr>
</tbody>
</table>

SUBSISTENCE SCHEDULE

<table>
<thead>
<tr>
<th>If travel Begins/Ends</th>
<th>Claim for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 8:00 a.m./ — —</td>
<td>Breakfast</td>
</tr>
<tr>
<td>Before noon/after 12:30 p.m.</td>
<td>Lunch</td>
</tr>
<tr>
<td>— — /after 7:00 p.m.</td>
<td>Dinner</td>
</tr>
</tbody>
</table>

COMMONLY USED OBJECT SYMBOLS

4301 Sub-Allow, Inter-island, Employees
4501 Sub-Allow, Out-of-State, Employees
4503 Sub-Allow, Foreign, Employees
4221 Trans, Inter-island, Employees
4401 Trans, Out-of-State, Employees
4403 Trans, Foreign, Employees
4601 Hire of Passenger Cars, Employees
4603 Hire of Passenger Cars, Foreign, Employees

4111 Car Mileage, Employees
4801 Other Travel, Employees
4803 Other Travel, Foreign, Employees
3800 Telephone & Telegraph
7200 Other Current Expenditures
7225 Other Cur Exp, Trng & Trng Mater
7230 Other Cur Exp, Regis Fee - Staff
MEMORANDUM

TO: Chancellor Joyce Tsunoda
FROM: Provost Peter Dyer
SUBJECT: Out-of-State Travel

DURATION OF ABSENCE: (Include vacation time, if any)

PURPOSE OF TRIP:

ITINERARY: (All dates and places must be accounted for separately)

JUSTIFICATION:

SOURCE OF FUNDING:
# UNIVERSITY OF HAWAII
## PER DIEM / SUBSISTENCE TAX CALCULATION FORM

**Employee Name:**

<table>
<thead>
<tr>
<th>Last,</th>
<th>First,</th>
<th>MI</th>
</tr>
</thead>
</table>

**Social Security No.:** 

<table>
<thead>
<tr>
<th>Payroll No.:</th>
</tr>
</thead>
</table>

### Tax Calculations:

<table>
<thead>
<tr>
<th>No. of Days</th>
<th>Destination</th>
<th>Actual Per Diem Rate</th>
<th>Allowable Per Diem Rate</th>
<th>Federal Rate</th>
<th>Actual Difference (B - C)</th>
<th>Taxable Amount (A x D)</th>
<th>Non-Reportable Amount</th>
<th>Total Per Diem/ Subsistence Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Low Rate-Continental U.S.</strong></td>
<td>$130.00</td>
<td>$93.00</td>
<td></td>
<td>$37.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>High Rate-Continental U.S.</strong></td>
<td>$130.00</td>
<td>$147.00</td>
<td></td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

(Equals to: Total Days on TCR)

*(Reflect zero if negative figure calculated)*

Note: Totals must be consistent with amounts reflected on the attached Travel Completion Report.

---

**Note to the Traveler:**
The taxable per diem amounts calculated above will be reported as income to the IRS. Taxable per diem amounts will be processed through the State Payroll System and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages.

The UH Form 4A is to be completed any time the actual per diem rate paid (normally the Collective Bargaining Per Diem rate) exceeds the allowable Federal Per Diem rate which results in a portion of the per diem amount becoming taxable. The form is not required if the actual per diem rate does not exceed the allowable Federal Per Diem rate (No tax liability).
Multiple Destination / Multiple Federal Rate Worksheet
(Required if more than one Federal Rate Involved)

<table>
<thead>
<tr>
<th>Arrival Date</th>
<th>Business Destinations</th>
<th>Per Diem Days</th>
<th>Federal Allowable Rate</th>
<th>Excess Lodging (✓)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hawaii Departure/Return Partial Day Per Diem Schedule**

- **Time of Departure/Return**: 12:01 AM - 6:00 AM
- **Allow on Day of**: 1 day / 1/4 day

- **Time of Departure**: 6:01 AM - Noon
- **Allow on Day of**: 3/4 day / 1/2 day

- **Time of Departure**: 12:01 PM - 6:00 PM
- **Allow on Day of**: 1/2 day / 3/4 day

- **Time of Departure**: 6:01 PM - Midnight
- **Allow on Day of**: 1/4 day / 1 day

**Business Destination Partial Day Per Diem Schedule**

- **Time of Departure**: 12:01 AM - 6:00 AM
- **Partial Day Assigned to**: 1/4 day / 3/4 day

- **Time of Departure**: 6:01 AM - Noon
- **Partial Day Assigned to**: 1/2 day / 1/2 day

- **Time of Departure**: 12:01 PM - 6:00 PM
- **Partial Day Assigned to**: 3/4 day / 1/4 day

- **Time of Departure**: 6:01 PM - Midnight
- **Partial Day Assigned to**: 0 day

---

Use the Hawaii Departure/Return Partial Day Per Diem Schedule to assign partial days to the departure day from Hawaii and the return day to Hawaii. Use the Business Destination Partial Day Per Diem Schedule to assign partial days to the departure days from business destinations. The total per diem days must equal the total reflected on the Travel Completion Report.
## PERSONAL AUTOMOBILE MILEAGE VOUCHER

<table>
<thead>
<tr>
<th>Social Security No. (35-43)</th>
<th>Name (Last, First, Mi) (44-46)</th>
<th>Position Title/UH Affiliation</th>
<th>Payroll No.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>UH Campus/Department</th>
<th>B.U. No.</th>
<th>Special Check Distribution Instructions</th>
<th>Contact: Ph.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Year &amp; Make</th>
<th>No. of Cylinders</th>
<th>Account Code (15-28)</th>
<th>APP (29-30)</th>
<th>Object (31-34)</th>
<th>Amount (70-79)</th>
</tr>
</thead>
</table>

| Model & Type | |
|-------------| |

| Traveler's Home Address (if Claim from home to workplace) | |
|----------------------------------------------------------| |

| Street: | |
|---------| |

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Trip No.</th>
<th>From</th>
<th>To</th>
<th>Purpose</th>
<th>Round Trip (A)</th>
<th>Miles Traveled</th>
<th>Parking Fees</th>
</tr>
</thead>
</table>

| I hereby certify that the above accounting is a true and correct record of mileage on my personal automobile used in the performance of my official duties in accordance with the State Comptroller's rules and regulations governing official travel and transportation expenses. I further certify that I carry the minimum liability insurance as required by the "Hawaii No-Fault Law" with: |

| Insurance Company: | |
|-------------------| |

<table>
<thead>
<tr>
<th>Policy No.:</th>
<th>Expiration Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature - Traveler</th>
<th>Date</th>
</tr>
</thead>
</table>

| Approved For Payment | |
|----------------------| |

<table>
<thead>
<tr>
<th>Signature - Program Approving Authority</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature - Fiscal Officer</th>
<th>Date</th>
</tr>
</thead>
</table>

### Calculation

**A. Total Miles**

**B. Total Mileage Claim (A X $0.37)**

**Employee Calculation Only**

**C. Reportable (Non-Taxable)(A X $0.30)**

**D. Taxable Amount (B - C)**

**E. Total Parking Fees**

**Total Claim - Mileage & Parking (B + E)**

### Object Symbol Assignment

**Mileage - Employee:**

<table>
<thead>
<tr>
<th>Mileage - Non-Reportable (Non-taxable)</th>
<th>Non-Reportable (Non-taxable)</th>
</tr>
</thead>
</table>

| Mileage - Others: Parking Fees: |
|-------------------------------|-------------------------------|

**Note to Employees:**

The usable mileage amounts calculated above will be reported as income to the IRS. Taxable mileage amounts for employees will be processed through the State Payroll System and will result in the withholding of Federal, State, and FICA taxes from gross payroll wages.
ADDENDUM TO FORM UH-14 UNIVERSITY OF HAWAII TRAVEL REQUEST

1. PERSON TRAVELING: ________________________________

2. DATE OF TRAVEL: ________________________________

3. PRIOR TRIPS TAKEN BY TRAVELER WITHIN THE LAST 12 MONTHS/PURPOSE OF TRIPS:

4. CONTACT PERSON/PHONE NO.: ________________________________

5. JUSTIFICATION:

APPROVED/DISAPPROVED:

PROVOST ________________________________ Date ________________________________