

Instructions for Completion of RTAP Training Request Form (P-22R)

General Information:

A completed Form P-22R must be submitted to SCDOT for processing a minimum of thirty (30) calendar days before the training begins, and sooner if possible in order to take advantage of any savings offered by the training sponsor for early registration. If the request is not submitted in a timely manner, only the amount for “Early Bird” registration will be reimbursed. If airfare is being requested, a completed Form P-22R must be submitted to SCDOT for processing a minimum of forty-five (45) business days before the training begins. Reimbursement will only be given for airline tickets purchased at least thirty (30) days in advance of travel.

NOTE: The Form P-22R only *activates* your request for training. Do NOT attend a training program if you have not received a Notice of Authorization to Proceed from SCDOT in advance of the training. Registrants attending training without prior approval may incur the costs of the training.

Substitutions are permitted; however, SCDOT must be notified in advance and concur with the substitution. All cancellations must be made within five (5) working days prior to the training, unless the training sponsor/hotel requires otherwise. If the participants fail to notify SCDOT of a cancellation in time, the requesting agency will incur the full costs of the registration and all other associated travel expenses.

Specific Instructions for Completion of Form P-22R:

1. Insert the name of your agency.
2. Insert the agency's Federal Employer Identification Number (FEIN#).
3. Insert your work telephone number, including the area code and any extension number. **Do NOT list your home telephone number.**
4. List your agency's fax number, including the area code.
5. List your e-mail address.
6. List the name of the employee who will receive the training and their official job title.
7. List the title of the training course for which the employee is requesting RTAP assistance to attend.
8. List the city and state in which the training will be offered.
9. List the name of the training sponsor (Such as FTA, National Transit Institute, etc.).

10. List the dates of the training course you wish to attend.
11. List the date and time that the employee will leave agency headquarters and/or home to attend the training.
12. List the date and time that the employee will return from the training.
13. List the estimated cost of attendance for the training, inserting ONLY the costs for which the agency/employee will request RTAP assistance/reimbursement. Insert the following information:

Registration/Tuition: List the fee for registration/tuition for the training. If there is no cost for the training, insert a zero: -0-.

Lodging: Only the GSA approved rate for the particular training location can be requested. To find the GSA approved lodging rate, go to www.gsa.gov and look for per diem rates by location.

Per Diem: Only the state approved rate for Meals can be included. To find the state approved rate, go to the RTAP Program Guidelines found on the OPT Section of the SCDOT web site. .

Airfare: List ONLY the cost of economy class airfare. Airline tickets must be purchased at least thirty (30) days in advance of the travel date to secure the lowest rates. Reimbursement of the cost of airfare will NOT be considered if the RTAP Training Request Form has not been submitted in a timely manner.

Mileage: If the employee will be traveling by personal automobile or agency vehicle, list the roundtrip miles and multiply these miles by the state approved mileage rate as described in the RTAP Program Guideline. Insert the total amount for mileage. The total amount requested for reimbursement of mileage cannot exceed the lowest cost airfare.

Other: Please specify any other expenses for which reimbursement is requested, and list the cost of the “Other” items. This may include, for example, round trip shuttle service to and from the airport, etc.

Total Amount Requested from RTAP: Add the cost of all items for which RTAP funding is requested and insert in the blank.

14. Answer either “yes” or “no” in the space provided to the question, “Has the employee requesting RTAP training assistance received RTAP funding to attend other training during the current federal fiscal year (October 1 – September 30)?”
15. If the answer to the above question is “yes”, please list the amount of RTAP assistance received to date and the name/s of courses for which assistance was received.

16. Provide a brief explanation of the duties of the employee for which training assistance is requested. Explain why the training is needed and how it will benefit the individual or the agency. Attach additional sheets if necessary.
17. If RTAP funds are requested for costs other than registration/tuition, please provide a brief justification of the need for RTAP funds for travel expenses.
18. Respond “Yes” or “No” in the space provided, indicating whether you have attached an agenda for the training or a copy of the course description/outline to the RTAP Training Request Form. ***Requests will NOT be considered without this information attached. Also attach a copy of the participant’s registration form.***
19. The Authorizing Official for the agency must initial three (3) certification statements. The Authorizing Official may be the agency head. The agency head, in accordance with the agency’s travel policy, must authorize all requests or travel will be disapproved. Agency heads cannot approve his/her personal travel request. If training is requested for the agency head, the Authorizing Official signing the form should be the agency’s Board Chair Person, the County Administrator, etc.)
20. The Employee for whom assistance is requested must sign the form. The Authorizing Official for the agency must sign the form, as described in Item #19.
21. List the date the request was submitted and forward the request to the address at the top of this form.

South Carolina Department of Transportation
Division of Intermodal & Freight Programs, OPT
RTAP Training Request Form
(Form P-22R, Revised 07/09/2012)

Complete and Return Form to:
Curtis Sims, Jr. RTAP Program Manager
SimsC@scdot.org
P. O. Box 191/955 Park Street, Room 201
Columbia, SC 29202-0191

Agency Name

Agency FEIN#

Agency Mailing Address (including zip code)

Telephone Number (Area Code & Extension)

Fax Number

E-mail Address

Name of Employee Receiving Training

Official Job Title

Training Course Title

Training Location

Training Sponsor

Training Date(s)

Date and Time of Departure

Date and Time of Return

Estimated Cost of Attendance: (List amount ONLY for costs for which you request reimbursement)

Registration/Tuition: \$ _____ Lodging: \$ _____ Meals: \$ _____

Airfare: \$ _____ Mileage: _____ miles x State approved rate = \$ _____

Other (Please specify): _____ \$ _____

TOTAL AMOUNT REQUESTED FROM RTAP: \$ _____

Has the employee requesting RTAP training assistance received RTAP funding to attend other training during the current federal fiscal year (October 1 – September 30)? ____ Yes ____ No

If yes, please provide the following information:

Amount of Assistance Received to Date: \$ _____

Name/s of Courses for Which Assistance Was Received: _____

JUSTIFICATION: *Please provide a brief explanation of duties and why training is needed/how it will benefit the individual or agency (attach additional sheets if necessary).*

JUSTIFICATION IF REQUESTING RTAP FUNDS FOR COSTS OTHER THAN REGISTRATION: *Please provide a brief justification of the need for RTAP funds for travel expenses.*

Have you attached an agenda for the training or a copy of the course description/outline to this request, along with a copy of the participant's registration form? *(Requests will NOT be considered without this information attached.)*

___ Yes ___ No

I certify to the following (Please have the Authorizing Official initial in the space by each statement):

- ___ The above information is true and correct, and this training request is not fulfilling any Degree requirements.
- ___ The employee requesting RTAP assistance is a full-time employee or a driver.
- ___ The agency will NOT be sending additional employees to the training for which financial assistance is requested and paying for their participation through other sources of funding.

Employee Signature

Authorizing Signature

Date Request Submitted

Date Request Received by OPT

OPT USE ONLY:

RTAP Charge Code: _____

Rural Provider: _____ Small Urban/Rural Provider: _____ Urban Provider: _____

If Urban Provider, Proportion of Costs Attributable to Rural Benefit: _____

RTAP Funds Approved: _____ Yes _____ No Charge Code if Yes:

Other Funds Approved: _____ Yes _____ No Charge Code if Yes:

Approver Initial: _____ Date: _____

If RTAP funding request is denied, state the reason: _____

EDM Approval of Out of State Travel: _____ Approved _____ Denied Date: _____

If Out of State Travel is denied, state the reason: _____

Date Forwarded for Authorization to Proceed: _____

Date Authorization Issued: _____