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|  | **CONFERENCE APPLICATION FORM - PRESENTING PAPER** |

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| 1. **Applicant Information**
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| Name: |  |
| Staff ID: |  | Designation: |  |
| Department/School: |  | Mobile Phone No: |  |
| Appointment Date: |  | Email: |  |
| Appointment Status: Permanent Contract  |
| *(Please tick (√) where applicable)*Currently Further Study: Yes No Mode of Study: Full-Time Part-Time University: |
| 1. **Conference Details**
 |
| Conference Title:  |  |
| Start Date: |  | End Date: |  | Duration (No of Days): |  |
| Venue: |  | Organizer: |  |
| Paper Title: |  |
| Do you expect this conference paper to lead to publication? Yes No Do you have research grant? Yes NoIf yes, please state details: *(Staff with allocations under UTS research grants are required to use their available research allocation first)* Do you receive any financial assistance from external sources? Yes No If yes, please state: ***Organizer:***  ***Amount (RM):***  *(Please enclose relevant document)* |
| 1. **Budget**
 |
| Please provide a projected budget plan for the proposed conference (refer Terms & Conditions of Service or the organizer’s package, whichever is lower.  |
| **PART** | **ITEMIZED COST** | **AMOUNT (RM)** |
| A | Registration Fee *(Please specify date if you need early bird booking/early payment for discount)* |  |
| B | Return flight tickets *(cheapest & direct route)* |  |
| Accommodation (\_\_\_\_\_\_ / night x \_\_\_\_\_\_ (no. of) nights |  |
| Subsistence (\_\_\_\_\_\_\_ / day x \_\_\_\_\_\_\_ (no. of) days |  |
| Local travelling (transportation) |  |
| **Estimated Cost (RM)** |  |
| *Please note that the total budget if approved shall not exceed the grant limit. Please refer to the last page for the grant limit. Staff are required to cover the additional cost on their own if they decide to proceed with the conference.* |
| 1. **Applicant’s Signature**
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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; certify that the information given in the above application for the Conference Grant is true and correct. I agree to the Terms & Conditions of the grant, and I accept the decision of the University Rules & Regulation in awarding grant as final.Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

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| **CHECKLIST: Supporting document to be enclosed** |
|  | Copy of Conference Brochure |
|  | Evidence of Paper Acceptance |
|  | Full Proposed Paper |
|  | CV with list of Publications and Paper Presented |

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|  ***Note: The applicant must be the first author*** |
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| 1. **Comments & Recommendations (Head of Programme)**
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| * Relevance of conference to the applicant’s field of specialization/job:

 * Will the applicant’s attendance at the conference be detrimental to his work in the Department/Division/Section?

  Signature & Stamp: Supported Name : Not Supported Date :  |
| 1. **Comments & Recommendations (Dean of School)**
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| * Comment:

 Signature & Stamp: Supported Name : Not Supported Date :  |
| 1. **Verification By HCAD**
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| Conference Leave entitlement | 10 | days per year |
| Balance of Conference Leave before this application |  | days |
| Number of days under current application |  | days |
| Balance of Conference Leave after this application |  | days |

***\* (Not applicable to staff on full time study leave)*** |
| **Approved application(s) in current year (to be filled by HCAD)** |
| **Date** | **Title of the Paper** | **Conference Venue Local/Oversea** | **Approval Amount (RM)** |
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|  Checked & Verified by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & stamp:  Date:  |
| **Budget Verification:** |
| **Code** | **Description** | **Budgeted Amount** | **Committed to Date** | **Amount Required** | **Balance (RM)** |
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| **Remark:** |
| ***Note****: Approval will be based on the availability of budget*  |
| **Budget Approved**  | **PART** | **AMOUNT (RM)** |
| **A** |  |
| **B** |  |
|  **Total budget approved** |  |
| Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & stamp: Name & stamp:Date: Date: |
| 1. **Approval By Deputy Vice Chancellor (Academic) / Vice Chancellor (for overseas)**
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| Comment:**APPROVED NOT APPROVED****\* Conference overseas will require VC approval.**Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stamp : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date :  |
| Reference table – maximum limit for **PART B** (page 2) |
| **REGION** | **LOCAL** | **OVERSEAS** |
| **MALAYSIA** | Europe, Continental, USA & Canada, Japan | Middle East | Australia, New Zealand | Asia, Indian Region |
| Sabah & Sarawak | Peninsular Malaysia |
| **Grant Limit** | RM2,000 | RM3,000 | RM12,000 | RM10,000 | RM8,000 | RM6,000 |
| ***Note:***1. *The application must be submitted to Human Capital and Administration Department* ***one month*** *before the conference date*
2. *Staff on full time study leave entitles for Registration fee only, once during the whole study duration*
3. *Staff on full time study leave is not entitled for STRG grant*
4. *STRG grant shall cover local conference only*
5. *The applicant must be the first author*
6. *Staff who had attended the conference without submitting the application form beforehand is not eligible to submit their claim*
7. *Please provide an invoice for conference fee payment if the application is approved*
8. *Once the conference completed, staff must submit a copy of certificate to HCAD*
9. *Kindly include the name of University of Technology Sarawak in your paper.*
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