

State of California

M E M O R A N D U M

To: PERSONNEL MANAGEMENT LIAISONS

Date: April 29, 1993

Reference Code: 93-28

This memo should be distributed to:  
Department Directors, Accounting Administrators,  
Labor Relations Officers, Travel and Relocation Liaisons

From: Department of Personnel Administration

Subject: DELEGATIONS OF AUTHORITY - TRAVEL PROGRAM

In order to allow State departments to take a more active role in the exception process and share a greater responsibility in the overall administration of their travel budgets, the Director of the Department of Personnel Administration (DPA) is delegating to appointing powers the authority to approve certain additional exceptions to the travel rules effective May 1, 1993. These delegations are extended with the provision that they will be administered according to the criteria, considerations and record keeping requirements stated below. All exceptions granted are subject to audit by the Department of Personnel Administration.

Exceptions are to be granted in advance by the appointing power. While the appointing power may delegate the approval authority to others in his/her jurisdiction, any such delegation must be made in writing to both the Department of Personnel Administration Travel Program Coordinator and the State Controller's Office Audits Division.

DELEGATION - 50 MILE LIMIT:

Approval of the reimbursement of meals and/or lodging within 50 miles of home or headquarters when the employee is conducting State business away from the headquarters location. This delegation does not extend to the approval of meals or lodging at either the headquarters or home location.

Considerations:

It is not unusual or extraordinary for State employees to commute 50 miles or longer from their home to headquarters and back again on a daily basis. An employee who does not live in the immediate vicinity of his/her headquarters is not eligible to receive meals and lodging when required to work extended hours in the headquarters location. Likewise, an employee who must work at a site other than headquarters is not automatically considered to be eligible for meals and/or lodging simply by crossing the "50 mile line".

For State controlled functions, State departments are expected to demonstrate that every consideration has been given to minimizing the cost to the State through responsible planning and scheduling.

50 mile Exception Criteria:

Note: This exception does not provide for any increase in the standard travel reimbursement rates for meals or lodging. Departments holding meetings for their own employees, and employees traveling on regular State business may not exceed the \$79.00 receipted lodging maximum or the meal and incidental maximum for regular travel.

A. Request must be made in advance, in writing and include the following information:

1. Name and address of each:

Employee: \_\_\_\_\_

Headquarters: \_\_\_\_\_

Exception Site: \_\_\_\_\_

2. Mileage: Home to headquarters: \_\_\_\_\_

Headquarters to site: \_\_\_\_\_

Home to site: \_\_\_\_\_

3. Name of event or work to be completed: \_\_\_\_\_

4. Date(s) covered by request: \_\_\_\_\_

5. Costs to be incurred by this request: Meals: \$ \_\_\_\_\_  
Lodging: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

6. Justification of need to provide meals and/or lodging: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Sponsorship: Name of State department or outside entity responsible planning and scheduling the event \_\_\_\_\_

B. ATTACHMENTS: REQUIRED FOR EXCEPTIONS TO ATTEND TRAINING/EVENTS/ETC.

1. Agenda

2. Registration Form/Instructions/Materials

C. REQUESTED BY:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

BY: \_\_\_\_\_  
DEPARTMENT APPOINTING AUTHORITY OR DESIGNEE NAME, TITLE AND SIGNATURE

NOTE: THE APPROVED EXCEPTION MUST ACCOMPANY THE CLAIM WHEN REQUESTING PAYMENT FROM DEPARTMENT ACCOUNTING AND/OR STATE CONTROLLER'S OFFICE. THE EXCEPTION MUST BE LOGGED IN ACCORDANCE WITH THE AUDIT INSTRUCTIONS IN ATTACHMENT 1.

DELEGATION - OUT OF COUNTRY MEALS/INCIDENTALS

Approval of the reimbursement of meals and incidentals for out-of-country travel in accordance with the U.S. Department of State Maximum Travel Per Diem Allowances for Foreign Areas. Individual meal and incidental maximums are to be designated in accordance with the breakdown on Attachment 2.

Foreign Meal/Incidental Exception Criteria:

A. Request must be made in advance, in writing and include the following information:

1. Name of Employee: \_\_\_\_\_

2. Reason for foreign travel: \_\_\_\_\_  
\_\_\_\_\_

3. Dates and locations of travel: \_\_\_\_\_  
\_\_\_\_\_

4. Individual meal and incidental rates and total for each location

Location	Breakfast	Lunch	Dinner	Incidentals	Total
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\_\_\_\_\_

\_\_\_\_\_

Note: any item of expense in excess of \$24.99 requires a receipt.

5. Date of publication from which rates were established: \_\_\_\_\_

B. REQUESTED BY: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
DEPARTMENT APPOINTING AUTHORITY OR DESIGNEE NAME, TITLE AND SIGNATURE

NOTE: THE APPROVED EXCEPTION MUST ACCOMPANY THE CLAIM WHEN REQUESTING PAYMENT FROM DEPARTMENT ACCOUNTING AND/OR STATE CONTROLLER'S OFFICE. THE EXCEPTION MUST BE LOGGED IN ACCORDANCE WITH THE AUDIT INSTRUCTIONS IN ATTACHMENT 1. ATTACHMENT 3 IS THE SUBSCRIPTION FORM FOR GOVERNMENT RATES. DEPARTMENTS WITH INFREQUENT OUT OF COUNTRY TRAVEL MAY CONTACT DPA BY PHONE FOR THE CURRENT OUT OF COUNTRY RATES INSTEAD OF SUBSCRIBING TO THE GOVERNMENT PUBLICATION.

Previous delegations of authority for TRAVEL exceptions, effective



D. REQUESTED BY: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
DEPARTMENT APPOINTING AUTHORITY OR DESIGNEE NAME, TITLE AND SIGNATURE

DELEGATION - PAYMENT OF SUBSISTENCE IN EXCESS OF THREE DAYS WHILE ON SICK LEAVE AND TRAVEL STATUS

This delegation allows the appointing power to approve the payment of meals and/or lodging to an employee who is on sick leave for a period exceeding three days when the illness or injury occurred while on travel status.

Considerations: Departments shall not consider exceptions where the employee is confined to a hospital and hospital costs are covered by insurance. Expenses incurred other than hospital costs may be considered.

Subsistence on Sick Leave Criteria:

A. Request must be made in writing and include the following information:

1. Name and address of each:

Employee: \_\_\_\_\_

Headquarters: \_\_\_\_\_

Place of confinement during illness/injury: \_\_\_\_\_

Place where expenses are being incurred: \_\_\_\_\_

2. Nature of illness/injury and reason for not terminating travel status: \_\_\_\_\_

3. Number of days confined during illness: \_\_\_\_\_

4. Total cost of expenses incurred: \_\_\_\_\_

B. REQUESTED BY: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

BY: \_\_\_\_\_  
DEPARTMENT APPOINTING AUTHORITY OR DESIGNEE NAME, TITLE AND SIGNATURE

DELEGATION - PAYMENT OF EXPENSES OF APPLICANTS CALLED FOR INTERVIEW

Applies ONLY to persons who are not currently employed by the State.

Allows the appointing authority to approve the payment of actual transportation expenses not to exceed ground transportation to and from the nearest airport and one round trip air coach fare, plus applicable tax, between the place from which the applicant was called and the place where the interview is held in accordance with the provisions of DPA Rule 599.634. and lodging expenses are at a rate not to exceed those provided in DPA Rule 599.619.

Payment of Applicant Expenses Criteria:

- A. The applicant must have been called for an interview to a classification for which it has been determined that the expenditure is necessary in order to recruit qualified persons needed by the State.
- B. The determination and certification for the position must be made in writing.
- C. The request to pay expenses must be made in writing, prior to the date of travel and contain the following information:

1. Name and Address of each:

Applicant: \_\_\_\_\_

Site of Interview: \_\_\_\_\_

2. Approximate amount of anticipated expenses, including tax.  
(Reimbursement may not exceed the current State rates.)

\_\_\_\_\_

3. Reason why it is necessary to pay for expenses related to calling an applicant for interview: (Such as, but not limited to, the position is hard to fill due to high level of technical skill or specialized experience required or to meet established affirmative action or LEAP program goals.)

\_\_\_\_\_

\_\_\_\_\_

4. Classification being filled: \_\_\_\_\_

D. REQUESTED BY: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

BY: \_\_\_\_\_

DEPARTMENT APPOINTING AUTHORITY OR DESIGNEE NAME, TITLE AND SIGNATURE

Appointing Powers who further delegate this authority are instructed to notify both the State Controller's Audit Division and the DPA Travel Coordinator by forwarding a memo of delegated authority which includes the delegates name(s), title and signature. The exception criteria is presented in a format suitable for duplication and use by departments if they so choose. Some departments may have policies which further restrict exceptions or require additional information. DPA will audit for the specific information required in the above criteria.

If you have any questions regarding these delegations please call Terrie Jordan at 324-9377, CALNET 454-9377.

Patricia Pavone, Chief  
Benefits and Training Division

Attachments