



**COMMISSIONERS COURT  
COMMUNICATION**

AGENDA DATE : 06/17/2013

CONSENT OR REGULAR: Regular

CONTRACT REFERENCE NO  
(IF APPLICABLE): \_\_\_\_\_

**SUBJECT:**

Approve the amendment to the County Travel Policy for further public disclosure related to travel

**BACKGROUND/DISCUSSION OF TOPIC:** To include statutory requirement, operational impact, or performance goal.

**FISCAL IMPACT:**

**PRIOR COMMISSIONERS COURT ACTION (IF ANY):**

**RECOMMENDATION:**

**COUNTY ATTORNEY APPROVAL**

The attached document has been given legal review by the El Paso County Attorney's Office on behalf of the County of El Paso, its officers, and employees. Said legal review should not be relied upon by any person or entity other than the County of El Paso, its officers, and employees.

COUNTY ATTORNEY:

LEGAL REVIEW:

LEGAL REVIEW NOTES (If Applicable):

DATE:

SUBMITTED BY: Carlos Leon, Commissioner, Pct. 1

## Proposed Modification to County Travel Policy

### **Disclosure of County Funded Travel**

All travel expenditures approved by the travel committee for employees who are FLSA exempt shall be posted on the County's home page within thirty (30) days after approval or the completion of travel. The posting shall include the following information:

- Name of the Individual(s) traveling;
- Destination and dates of trip;
- Purpose of the trip;
- ~~Total Travel Expenditures; All related expenses incurred during the travel (lodging, meals, per diem);~~
- Funding source ;
- All events in which the employees and elected officials acted in their official capacity with a description of the participation.
- Travel details will be posted after travel has taken place in all cases where revealing travel details beforehand would jeopardize the traveler.

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### **Disclosure of Non-County Funded Travel**

In an effort to keep the public informed, members of the El Paso County Commissioner's Court encourage all elected county officials and employees who are FLSA exempt to publicly disclose all non-county funded travel connected to their duties as a county employee or their official duties as an officeholder. This disclosure is entirely voluntary.

The non-county funded travel disclosure policy will entail filing Form B of the Travel Justification Form within thirty (30) days after completion of the travel and shall be posted on the County's homepage.

Form B shall include the following information:

- The location and purpose of the travel;
- Travel dates;
- All funding source(s);
- All related expenses incurred during the travel (lodging, meals, per diem);
- All events in which the county elected official acted in their official capacity with a description of the participation.
- Travel details will be posted after travel has taken place in all cases where revealing travel details beforehand would jeopardize the traveler.

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Head: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_

Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Will any funds be reimbursed by another entity? \_\_\_\_\_

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

Will posting travel details prior to travel jeopardize the safety of the traveler. Yes NO

Purpose: (check one)

**Statutorily Required Training to Hold Elective Office**

Statute Reference:

My effective office requires \_\_\_\_\_ number of training hours annually.

I have already fulfilled \_\_\_\_\_ of these hours for this time period.

Estimated hours to be obtained from this course: \_\_\_\_\_

Please provide documentation for hours needed

**Professional or Technical Training to Maintain License/Certification**

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires \_\_\_\_\_ number of training hours annually.

I have already fulfilled \_\_\_\_\_ of these hours for this time period.

Estimated hours to be obtained from this course: \_\_\_\_\_

**Additional Professional or Technical Training NOT Required to Maintain License/Certification**

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

Entity Name: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

**Travel for Program Revenue Enhancement/Sales Opportunity**

Explain: \_\_\_\_\_

**Program Development Training**

Explain: \_\_\_\_\_

**Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)

Organization Name: \_\_\_\_\_

**Human Resources/Management/Personal Development Training**

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

**Other:** \_\_\_\_\_

**FORM B: Non-County Funded Travel Disclosure Report\***

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Location and dates of travel: \_\_\_\_\_  
\_\_\_\_\_

Purpose of travel: \_\_\_\_\_  
\_\_\_\_\_

Source(s) of Travel Funds: \_\_\_\_\_  
\_\_\_\_\_

If travel was sponsored by a third party, provide the name of the sponsor:  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Amount of Travel Expense(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\*Source of funds may include private funds and public funds which are not subject to Commissioners court authority (ie. other governmental funds).