

# Individual Membership Approval Request

This form pertains to individual memberships in professional, occupational, or trade-based societies, organizations, or associations relating to an employee's job responsibilities or relating to a specific function of the University of Idaho. There are two types of memberships: individual and institutional. Individual memberships are held in the name of the individual, and institutional memberships are held in the name of the university. (Ref: FSH 3270 - Membership Dues and Licensing Fees).

The University of Idaho recognizes that payment for licenses, certifications, memberships, and other professional and occupational requirements is a significant burden for certain employees, and that such credentials often directly benefit the University. When legally permissible and financially feasible, the University will pay for licenses, certifications, and memberships under certain limited circumstances as set forth below:

**Please complete the following information certifying that your request for payment meets the following criteria.**

**Classified and Exempt Employees - Requirement of the position.** University policy requires individual memberships or dues to be a requirement of the position as listed in the employee's job description. Please include/attach the employee's job description. If the professional organization is not specifically listed in the employee's job description.

**Please provide an explanation as to how the membership is essential to the position and how the university will directly benefit from the membership.**

**Faculty – Condition of Employment.** University policy requires individual memberships to be stated in the faculty member's offer of employment or a condition of employment. Please include/attach the employee's letter of employment. If the professional organization is not specifically listed in the employee's, offer letter or job description.

**Please provide an explanation as to how the membership is essential to the position and how the university will directly benefit from the membership.**

**Professional Development/Training/Conferences.** Professional memberships included with the registration for an approved conference or training course will be permitted so long as the membership does not result in an additional cost to the university or is a requirement of attendance.

**Please provide an explanation how the membership will result in no additional cost or is a requirement to attend the conference/training.**

**Requester Name:**

**Requester Department:**

**Requester E-mail:**

**Check the box if this transaction meets the above requirements**

**Requester Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ORED AVP/VP's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_