

UNITED STATES JUFO FEDERATION, INC
DEVELOPMENT COMMITTEE
REFEREE DEVELOPMENT AND CERTIFICATION SUBCOMMITTEE
10 December 2015

Referee Clinician Travel Reimbursement Policies and Procedures

General Policies:

- Any USJF Yudanshakai or member representative in good standing can request travel funding assistance from the Referee Development and Certification Subcommittee (RDCS);
- Any Yudanshakai requesting funding to support a referee clinic must submit the below **Clinician Travel Reimbursement Form** and submit it to the Secretary of the Referee Development and Certification Subcommittee (RDCS) for consideration and final approval;
- All RDCS funded clinics must have concurrence from the Yudanshakai Referee Chairperson and be voted for approval by the RDCS;
- Due to a limited budget, the RDCS will assist with travel transportation funding, while it is expected that the Yudanshakai will cover hotel, per diem/ food, and stipend (if given);
- The RDCS highly encourages that a clinic fee be charged to help cover or offset expenses and extraneous costs. Any clinic fees left in balance should be allocated to the Yudanshakai's Referee Committee budget for future use.

Procedures for Requesting Travel Transportation Reimbursement:

1. Yudanshakai Referee Chairperson or representative fills out the **Clinician Travel Reimbursement Form** and submits the document to the Secretary of the RDCS for consideration;
2. The RDCS reviews the funding request form for completeness and accuracy, holds a vote for approval, and communicates to Yudanshakai regarding the decision;
3. The Yudanshakai should coordinate with the clinician to either reimburse travel transportation costs or directly purchase a ticket;
4. The Yudanshakai holds the clinic and submits a final report to the RDCS regarding the highlights from the event. The final report should include, but not be limited to: ***Event date/location/time, Number of Attendees, Primary Topics & Issues Discussed, General Needs or Action Items for Follow-up;***
5. Once the final clinic report is received, the Secretary of the RDCS will submit a Request for Payment (RFP) to the National Office for reimbursement funding.

Request for Clinician Travel Reimbursement Form

Type Clinic

Classroom Referee Clinic On mat Referee Clinic Both

Level Clinic

Beginning Intermediate Advanced

Clinic Topic:

Technical Practical Coaching Competition

Clinic Information (organization receiving final funding payment):

Name of Key Contact/Representative:

Sponsoring Organization:

Address _____

Phone (home) _____ (work) _____ (mobile) _____

E-mail _____@_____._____

Event Information:

Date	Time(s)	General Topic

Clinic Location:

Address _____ City _____ State _____ Zip _____

Phone (main) _____

Clinician Information:

Name of Requested Clinician _____

Level of Certification (please circle one): (IJF-A) (IJF-B) (PJU-C) or (NAT)

Clinic Cost & Expenses (List both covered costs and in-kind services provided):

I, _____, representing _____ offer the following to the clinician for the Referee clinic and request funding assistance from the RDCS for other outstanding costs:

Clinic Budget

Expense	Item	Cost	Note
RDCS	Travel costs	\$	Airfare/MileageGas/Train/Boat
Yudanshakai	Room and Board	\$	
Yudanshakai	Stipend	\$	Optional
Yudanshakai	Clinic Materials	\$	
Yudanshakai	Other	\$	
	SUBTOTAL	\$	
Income	Clinic Fees Collected	\$	
	TOTAL	\$	Requested to the USJF RDCS

General Understanding/Terms of Agreement:

1. Clinician is a member in good standing with USA Judo and USJF and has a current certified referee license issued by a recognized international or national governing body;
2. Clinician has undergone the required background check;
3. The USJF RDCS will attempt to monitor the quality of the work of the clinician requested by the Yudanshakai for referee clinics. If the sponsoring Yudanshakai has issues with the quality of the work provided by a clinician, they shall notify the RDCS immediately of their opinion, but must pursue independent action against the clinician;
4. In the event of a cancellation of a referee clinic, the aggrieved party shall have the right to collect from the individual monetary losses and the RDCS shall not be responsible for paying lost time wages, additional transportation/hotel change fees, or costs due to factors beyond the control of the committee ;
5. In the event of a conflict leading to suit both parties agree to go enter binding arbitration.

Acceptance:

I am the authorized Yudanshakai representative and by signing this document, I understand the roles and responsibilities of the terms and conditions to receive funding assistance from the USJF RDCS for the requested referee clinic.

Signature of Authorized Yudanshakai Representative & Title

Date

Printed Name of the Authorized Yudanshakai Representative

USJF National Referee Sub-Committee Review Process

Reviewed for accuracy ___/___/___, USJF Referee Committee Member Sponsor _____

Vote for clinic: Date of Vote ___/___/___ How conducted? Electronic Mail Phone

Fax

Results: *(If there are any special conditions or special issues it should be noted here)*