

January 6, 2010

Jennifer Osorio  
Toshi Marra

Dear Co-Chairs of the LAUC-LA Research & Professional Development Committee,

I am currently in the dissertation stage of my doctoral program at UCLA's Department of Information Studies in which I am investigating the academic information management behaviors of undergraduate students. I hope to present the preliminary results of my research to librarian colleagues at the LOEX of the West Conference in June 2010, and am therefore applying for a LAUC Presentation Grant of \$500. This sum would cover my conference registration and travel expenses. Please note that this is conditional upon the acceptance of my presentation proposal. Potential conference presenters will be notified by February 1, 2010.

Grant money breakdown: (prices as of 1/5/10)

\$200.00 (approx) - Conference registration (200-225 Canadian Dollars)

\$250-300 - Airfare from Los Angeles to Calgary, Alberta, Canada

Any remaining funds will be applied to lodging expenses.

Following is the abstract of my presentation:

“This presentation will discuss an ongoing doctoral study on the academic information behaviors of undergraduate students. Data was collected using ethnographic techniques to answer the question: How do undergraduate students manage their academic information environments in their dormitory rooms? Building on studies in Personal Information Management, the goal is to describe and understand how digital natives gather, integrate, and manage academic information in their role as students. After sharing preliminary findings of this work in progress, the audience will be asked for input and suggestions to help drive the focus of the analysis. Participants will then divide into small groups to discuss how these findings could impact interactions with their own students, and information literacy outreach and instruction in their institutions in general. Groups will share their ideas with the rest of the audience in order to further dialog and foster creative approaches to library-student interactions and instruction.”

LOEX-of-the-West will be hosted by Mount Royal University in Calgary, Alberta, from June 10-12, 2010. Please see: <http://library.mtroyal.ca/lotw/> for further information. I am a member of the bargaining unit represented by the UC-AFT, and have not requested funding from any other sources (my LAUC-LA travel stipend for 09-10 is exhausted).

Thank you for your consideration of my application.

Diane Mizrachi  
College Library, UCLA

RECEIVED MAR 05 2010



CHECKED MAR - 8 2010

# UCLA LIBRARY

## Form # 100-1-A: Request for Leave and Funding for Business-Related or Learning/Development Travel and Activities

**This is the one form to be used to request and document approval of leave and funding.**

For workers' compensation purposes, this form must be completed **before** attending any professional and/or business-related activity that is held off-campus. Examples include conferences, meetings, visits to book dealers, and similar work-related activities. Library Human Resources will retain original forms with all approvals and signatures for official recordkeeping purposes.

To request leave and funding, complete Sections A, B, C and D of this form and send to supervisor for signatures (Sections E and F). To request official leave WITHOUT funding, complete Form 100-1-B. If you will travel **OUTSIDE California**, you must register at <http://www.uctrips-insurance.org/>. A Travel ID card will display when your registration is complete. Submit a copy of the Travel insurance ID card with this request. The travel insurance ID card is **required** for reimbursement of travel expenses.

Before making any financial commitments, consult with your departmental travel preparer and review the [Library Funding & Travel Policy](http://staff.library.ucla.edu/admin_manual/100-1.doc) <[http://staff.library.ucla.edu/admin\\_manual/100-1.doc](http://staff.library.ucla.edu/admin_manual/100-1.doc)>.

### Section A – Details of Leave & Funding Request

<b>Employee Name</b>	Diane Mizrachi		
<b>Library Unit</b>	College	<b>Bldg/Room/Mailcode</b>	Powell/220/145004
<b>E-Mail Address</b>	mizrachi@library.ucla.edu	<b>Phone</b>	825-6523
<b>Type of Leave and/or Funding Requested</b>			
<input type="checkbox"/> Business-Related Leave/Funding		<input checked="" type="checkbox"/> Learning & Development Leave/Funding	
<b>Location – City / State / Country (REQUIRED):</b> Calgary, Alberta, Canada			
<b>Official Leave From Date</b>	Jun 10, 2010	<b>Time</b>	1:00 AM
<b>Through Date</b>	Jun 13, 2010	<b>Time</b>	1:00 AM
Do you also plan to take any <b>vacation</b> in conjunction with this travel? If YES, specify the dates below.			
<b>Vacation Begin Date:</b>		<b>Vacation End Date:</b>	
<b>Reason for Leave (REQUIRED).</b> Include name of event, responsibilities or roles, and <u>business benefit to the University.</u> (Attach agendas or programs to illustrate.)			
To attend and (tentatively) present at the LOEX of the West Conference, hosted by Mount Royal University, Calgary, Alberta, Canada.			

### Section B – Estimate of Expenses

**Employees must complete this section to estimate their travel expenses.**

See University of California Policy and Regulations Regarding Travel: <http://www.ucop.edu/ucophome/policies/bfb/q28.pdf>

Anticipated Estimated Costs	Expenses Covered by Library Funds	Expenses Covered by Non-Library Funds	For ADLHR Use
<b>A) Air fare – must be ticketed via UCLA TRAVEL</b>	\$350.00		
<b>INCLUDE SERVICE FEE (\$25/\$30)</b>			
Ground Transportation (Taxi, Bus, etc.)			
<b>B) Driving</b> _____ miles x <b>\$0.55/mile (eff. 1/1/09)</b>			
<b>C) Car rental</b> _____ days @ \$ _____ /day			
<b>D) Parking (Airport / Hotel / Other)</b>			
Registration Fee			
Conference/Pre-Conference Fee	\$225.00		
Lodging <sup>3</sup> nights @ \$ <sup>90</sup> /night	\$270.00		
Meals (reimbursement if travel is <b>at least 24 hours</b> )			
Other, please specify			
<b>TOTAL</b>	<b>\$845.00</b>		

Use Form 100-1-C, the [Library Travel Reimbursement Form](#), to request reimbursement: [http://staff.library.ucla.edu/admin\\_manual/100-1C1.xls](http://staff.library.ucla.edu/admin_manual/100-1C1.xls)

**Section C – Librarian Professional Development Allocation**

I want to use All of my Librarian Professional Development Allocation.

**Section D – Employee Signature**

By accepting Library funding for this activity, I am agreeing to report in some fashion on the activity after I return.

Library Employee Signature (REQUIRED) <u>Diane M. Mynacht</u>	Date <u>1/26/2009</u>
--	--------------------------

**Section E – Approval of Leave and Funding**

<b>Supervisor Approval of Vacation in Conjunction with Official Leave</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Not Applicable		
<b>Supervisor Approval of Official Leave and Funding Source to be Used</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Signature of Immediate Supervisor	Date	↓ Fund name or FAU ↓ Specified limit OR Actual \$
<b>Department Head Approval of Official Leave and Funding Source(s) to be Used</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Signature of Department Head/ Designee	Date	↓ Fund name or FAU ↓ Specified limit OR Actual \$
<b>AUL/DUL/UL Approval of Official Leave and Funding Source(s) to be Used</b>		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Signature of AUL/DUL/University Librarian	Date	↓ Fund name or FAU ↓ Specified limit OR Actual \$
<u>Sarah Watson</u>	<u>3/5/10</u>	
<b>Type of Leave and/or Funding Approved (Determined by AUL / DUL / UL)</b>		
<input type="checkbox"/> Business-Related Leave/Funding	<input type="checkbox"/> Learning & Development Leave/Funding	
<b>Approval to use Staff Development Fund</b>		
Signature of Assistant Director of LHR	Date	↓ Fund name or FAU ↓ Specified limit Staff Development Fund \$

**Section F – International Travel**

Signatures of immediate supervisor, department head, and/or supervisory AUL approving leave and/or funding for international travel are ONLY a recommendation to the University Librarian. Only the University Librarian may approve international travel.

Gay E. Stearns 3-5-10  
University Librarian Signature Date

Send completed form to Jenifer Abramson, Assistant Director, Library Human Resources, 11617 YRL, mail code 157511. Notification will be sent by e-mail. The employee may request a copy of the completed form.

**FOR LHR USE ONLY** 3/8/10 Copy delivered to LBS \_\_\_\_\_ E-mail sent \_\_\_\_\_ Copy sent at employee request \_\_\_\_\_ Original filed in LHR \_\_\_\_\_

# UNIVERSITY OF CALIFORNIA BUSINESS TRAVEL



## TRAVEL ASSISTANCE PROGRAM

## ATTENTION

In addition to the insurance protection provided by the insurance plan, ACE USA has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- **Security Evacuation (nonmedical)** if, due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the Insured to leave the host country, or if the Insured is expelled or declared persona non-grata by the host country, or any other nonmedical emergency evacuation such as a natural disaster.

By requesting assistance you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incur.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy providing Business Travel Accident Insurance benefits is not in effect.



### World Class Travel Protection – ACE USA

Insured/Employer: **University of California**  
Policy Number: **ADD N0 42 23 81 0**  
Eligible Traveling Companions Covered: **YES**

**Medical Provider Note:** All benefits apply only when a covered person(s) of the above named Insured is traveling outside his country of assignment and/or residence and are subject to verification of eligibility, definitions, exclusions and other contractual limitations contained in a plan insured or administered by ACE USA. Coordination of Benefits may apply. Possession of this card does not guarantee payment.

In the event of medical emergencies, assistance will be provided to a covered person through ACE/Europ Assistance by calling:

1-866-451-7606 inside the U.S.A. or  
1-202-828-5896 outside the U.S.A. (call collect)

Service representatives, speaking a variety of languages, are available 24 hours a day, 7 days a week.

#### Call ACE/Europ Assistance when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems

Be prepared to provide the following information:

1. Name of caller, phone no., fax no., relationship to patient;
2. Patient's name, age, sex and policy number;
3. A description of patient's condition;
4. Name, location, and telephone number of hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, workers' compensation, or automobile insurance information if the patient had an accident.

4 3.08

#### How To Contact ACE/Europ Assistance

For emergencies, doctor referrals, medical evacuations, repatriation or other services please call

ACE/Europ Assistance  
Plan Number 01AH585  
1-866-451-7606 (inside USA) or  
1-202-828-5896 (Outside USA call collect)

Mail Claims to:

ACE USA  
P.O. Box 15417  
Wilmington, DE 19850  
1-302-476-6154 (Facsimile for Claims or Inquiries)  
[Diane.basa@ace-ima.com](mailto:Diane.basa@ace-ima.com)

Valid for Diane Mizrachi  
From 06/10/2010 To 06/13/2010