

# Request for Classified Staff Development Funds and/or Travel

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**SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT**

 Name FERNANDO VAREJAS Date 11/21/2024

 Department CUSTODIAL DEPT. Email FVAREJAS@marin.edu

 Title of Activity: Building operations Webinars
☐ Meeting ☐ Conference ☐ Workshop ☐ Credit class ☐ Noncredit class ☒ Webinar

 Sponsored by: Building operations Certifications

 Location: \_\_\_\_\_ ☐ In person ☒ Online

 Dates of Leave: From \_\_\_\_\_ to \_\_\_\_\_ ☐ All day or hours \_\_\_\_\_

Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)

TAKING TRAININGS TO GET MORE KNOWLEDGE IN MAINTENANCE DEVELOPMENT.

After your event, you will be asked to complete a brief survey about the activity.

**TITLE V FUNDING AUTHORIZED USES**

Activities funded by Title 5 Staff Development Funds must be related to one of the following authorized uses. Please check all categories that apply.

- ☐ 1. Improvement of teaching
- ☒ 2. Maintenance of current academic and technical knowledge and skills
- ☒ 3. In-Service training for vocational education and employment preparation programs
- ☐ 4. Retraining to meet changing institutional needs.
- ☐ 5. Inter segmental exchange programs
- ☐ 6. Development of innovations in instructional and administrative techniques and program effectiveness.
- ☐ 7. Computer and technological proficiency programs.
- ☒ 8. Courses and training implementing affirmative action and upward mobility programs.
- ☒ 9. Other activities determined by the Board of Governors to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges, including but not necessarily limited to programs designed to develop self-esteem.

**BUDGET INFORMATION**

All items must be completed or the form will be returned.

Roundtrip transportation:

Car: \_\_\_\_\_ miles @ \_\_\_\_\_ /mile = \$ \_\_\_\_\_ 0.00

Airfare: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Hotel: Your cost for \_\_\_\_\_ nights is \$ \_\_\_\_\_

 Conference fee: \$ 300

Meals: \$ \_\_\_\_\_

Other Fees: \$ \_\_\_\_\_

Total travel cost: \$ \_\_\_\_\_ 0.00

 Amount to be paid from Staff 300.00

 Development Funds: \$ 300.00

Difference to be paid from other funds \$ \_\_\_\_\_ 0.00

Staff Development FOAP: 11100-51001-52000-601000

**SIGNATURES**


Employee's Signature

11/21/2024  
Date



Supervisor's Signature

11/26/2024

Date

Chair, Professional Learning Committee Date

Asst. VP of Instruction, Budget Manager Date