

Request for Classified Staff Development Funds and/or Travel

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| SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT | | | | |
|--|--|---------------|--------------------------|----------------|
| Name <u>Joan Paulino</u> | Date02/05/2024 | | | |
| Department Enrollment Services | Email_ipaulino@marin.edu | | | |
| Title of Activity: CCCSFAAA- Annual Training/Conference for Financial Aid | | | | |
| ☐Meeting ☐Conference ☐ |]Workshop | ☐Credit class | ■Noncredit class | ■Webinar |
| Sponsored by: CCCSFAAA | | | | |
| Location: Margaritaville Resort Palm Springs | | | | |
| Dates of Leave: From 03/04/20 to 03/07/2C | | | | |
| Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.) The conference covers essential knowledge and skills necessary for enrollment services associates to serve and process financial aid applications for students. | | | | |
| 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 on the form | | SIGNATU | IRES | |
| All items must be completed or the form Roundtrip transportation: | i will be returned | I. Jan | Lia | 02/05/2024 |
| Car:miles @/mile = | \$0.0 | 0 Employee | 's Signature | Date |
| Other: Hotel: Your cost for 3 nights is Conference fee: Meals: | \$ 268.2 \$ 762.1 \$ 600.0 \$ 110.0 | Supervisor | r's Signature | 2/8/24 Pate |
| Other Fees: Total travel cost: Amount to be paid from Staff | \$\$ | | essional Learning Commit | ttee Date |
| Development Funds: Difference to be paid from other funds | \$ 500.0 \$ 1,240.3 | 2 | Instruction, Budget Mana | nger Date |
| Staff Development FOAP: 11100-51001-52000-601000 | | | | |