

## SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Oksana Pensabene Date 04/03/2025

Department Tutoring Email opensabene@marin.edu

Title of Activity: 50th Association of Colleges for Tutoring and Learning Assistance Annual Conference

☐ Meeting ☒ Conference ☐ Workshop ☐ Credit class ☐ Noncredit class ☐ Webinar

Sponsored by: ACTLA

Location: online ☐ In person ☒ Online

Dates of Leave: From 04/16 to 04/18 ☒ All day or hours \_\_\_\_\_

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

<http://actla.info/2025-conference-hub/>  
[https://docs.google.com/spreadsheets/d/1iEUg1Yhez0g\\_qROOgSEJtmjlR8BCfwES4pNZNwfjUIE/edit?gid=1810273013#gid=1810273013](https://docs.google.com/spreadsheets/d/1iEUg1Yhez0g_qROOgSEJtmjlR8BCfwES4pNZNwfjUIE/edit?gid=1810273013#gid=1810273013)

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: \$ \_\_\_\_\_ 325.00

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

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

Total travel cost: \$ \_\_\_\_\_ 325.00

Amount to be paid from Staff

Development Funds: \$ \_\_\_\_\_ 100.00

Difference to be paid from other funds \$ \_\_\_\_\_ 225.00

Staff Development FOAP: 11100-51001-52000-675000

## SIGNATURES

OPensabene 04/03/2025

Employee's Signature Date

Lauren Servais

Supervisor's Signature Date

Chair, Professional Learning Committee Date

Asst. VP of Instruction, Budget Manager Date