

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Aimee Carrillo Date 04/07/2025

Department EOPS Email acarrillo6118@marin.edu

Title of Activity: NCORE 2025 (National Conference on Race and Ethnicity in American Higher Education)

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

Sponsored by: NCORE

Location: New York, New York ☒ In person ☐ Online

Dates of Leave: From 5/26 to 5/31 ☒ All day or hours All day

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

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

Airfare: \$ _____ 300

Other: _____ \$ _____

Hotel: Your cost for 5 nights is \$ _____ 1395

Conference fee: \$ _____ 745

Meals: \$ _____ 375

Other Fees: \$ _____

Total travel cost: \$ _____ 2815

Amount to be paid from Staff

Development Funds: \$ _____ 500

Difference to be paid from other funds \$ _____ 2315

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

 _____ 04/07/2025

Employee's Signature Date

 _____ 04/07/2025

Supervisor's Signature Date

Chair, Professional Learning Committee Date

Asst. VP of Instruction, Budget Manager Date






A.Carrillo Request for Classified Staff Development Funds and Travel

Final Audit Report

2025-04-07

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"A.Carrillo Request for Classified Staff Development Funds and Travel" History

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