

# Request for Classified Staff Development Funds and/or Travel

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## SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Teodoro Arbolante Date 4/29/2025

Department Information Technology Email tarbolante@marin.edu

Title of Activity: CompTIA Security + Certification Exam

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

Sponsored by: CompTIA

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.)

I will be taking the CompTIA Security + IT. Certification to validate and increase my knowledge of cybersecurity.

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: \$ 404

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

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

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

Amount to be paid from Staff

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

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

Staff Development FOAP: 11100-51001-52000-675000

## SIGNATURES

Teodoro Arbolante 4/29/25  
Employee's Signature Date

[Signature] 4-29-25  
Supervisor's Signature Date

\_\_\_\_\_  
Chair, Professional Learning Committee Date

\_\_\_\_\_  
Asst. VP of Instruction, Budget Manager Date