

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

Name Suad Vila Date 1/6/25

Department Campus PD Email svila6772@marin.edu

Title of Activity: Project Management Professional (PMP) Certification

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

Sponsored by: \_\_\_\_\_

Location: Online ☐ In person ☒ Online

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

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

In my role, I regularly coordinate cross-departmental initiatives, including regulatory compliance programs, campus-wide safety implementations, training rollouts, incident reduction, and emergency preparedness planning. These efforts benefit from project management methodologies to ensure they are delivered effectively and on time. This certification will help strength my skills.

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

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

Other Fees: \$ \_\_\_\_\_ 675.00

Total travel cost: \$ \_\_\_\_\_ 675.00

Amount to be paid from Staff


Development Funds: \$ \_\_\_\_\_ \$500.00

Difference to be paid from other funds \$ \_\_\_\_\_ \$175.00

Staff Development FOAP: 11100-51001-52000-675000

**SIGNATURES**

 1/6/25  
Employee's Signature Date

 01-13-2026  
Supervisor's Signature Date

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

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