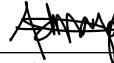


<b>SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT</b>	
Name	Adilene Maya Ceja
	Date 1/22/2026
Department	Fiscal
	Email amayaceja@marin.edu
Title of Activity: 2026 CCCSFAAA Training Conference	
<input type="checkbox"/> Meeting <input checked="" type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Credit class <input type="checkbox"/> Noncredit class <input type="checkbox"/> Webinar	
Sponsored by: California Community Colleges Student Financial Aid Administrators Association	
Location:	Palm Springs, CA <input checked="" type="checkbox"/> In person <input type="checkbox"/> Online
Dates of Leave: From 3/22/26 to 3/25/26	<input checked="" type="checkbox"/> All day or hours
Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)	
<p>After your event, you will be asked to complete a brief survey about the activity.</p>	
<b>TITLE V FUNDING AUTHORIZED USES</b>	
Activities funded by Title 5 Staff Development Funds must be related to one of the following authorized uses. Please check all categories that apply.	
<input type="checkbox"/> 1. Improvement of teaching <input checked="" type="checkbox"/> 2. Maintenance of current academic and technical knowledge and skills <input type="checkbox"/> 3. In-Service training for vocational education and employment preparation programs <input checked="" type="checkbox"/> 4. Retraining to meet changing institutional needs. <input type="checkbox"/> 5. Inter segmental exchange programs <input checked="" type="checkbox"/> 6. Development of innovations in instructional and administrative techniques and program effectiveness. <input type="checkbox"/> 7. Computer and technological proficiency programs. <input checked="" type="checkbox"/> 8. Courses and training implementing affirmative action and upward mobility programs. <input type="checkbox"/> 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.	
<b>BUDGET INFORMATION</b>	<b>SIGNATURES</b>
All items must be completed or the form will be returned.	
Roundtrip transportation:	
Car: _____ miles @ _____ /mile = \$ _____ 0	
Airfare: \$ _____	
Other: _____ \$ _____	
Hotel: Your cost for _____ nights is \$ _____	
Conference fee: \$ _____ 900	
Meals: \$ _____	
Other Fees: \$ _____	
Total travel cost: \$ _____ 900	
Amount to be paid from Staff Development Funds: \$ _____ 500	
Difference to be paid from other funds \$ _____ 400	
 1/22/26 Employee's Signature      Date	
 Samantha Jackson Supervisor's Signature      Date	
Chair, Professional Learning Committee      Date	
Asst. VP of Instruction, Budget Manager      Date	
Staff Development FOAP: 11100-51001-52000-675000	