

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Diamond Alexander Date 2/5/2026

Department Kinesiology and Athletics Email dlalexander@marin.edu

Title of Activity: 2026 CCCADA Convention

Meeting Conference Workshop Credit class Noncredit class Webinar

Sponsored by: CCC Athletic Directors Association

Location: South Lake Tahoe, Harrah's In person Online

Dates of Leave: From 6/1 to 6/4 All day or hours _____

Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)
 Attending this conference will provide valuable opportunities to collaborate and network with athletic directors and assistant athletic directors across the 3C2A, strengthening my understanding of best practices in community college athletics administration. As an aspiring athletic director, this experience supports my professional growth by building on my CPLD cohort leadership training.

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: 380 miles @ 0.72 /mile = \$ 275.50

Airfare: \$ _____

Other: _____ \$ _____

Hotel: Your cost for 3 nights is \$ 456.63

Conference fee: \$ _____

Meals: \$ _____

Other Fees: \$ _____

Total travel cost: \$ 732.13

Amount to be paid from Staff

Development Funds: \$ \$500.00

Difference to be paid from other funds \$ \$232.13

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES



2/5/2026

Employee's Signature

Date



Ryan Byrne (Feb 6, 2026 14:19:36 PST)

02/06/2026

Supervisor's Signature

Date

Chair, Professional Learning Committee Date

Asst. VP of Instruction, Budget Manager Date