

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Stacey Lince Date 03/24/2026

Department Distance Education Email slince@marin.edu

Title of Activity: _____

Meeting Conference Workshop Credit class Noncredit class Webinar

Sponsored by: CCC Tech Connect

Location: Anaheim, CA In person Online

Dates of Leave: From 06/22/26 to 06/25/26 All day or hours _____

Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)
Yearly Online Teaching Conference sponsored by CCC Tech Connect and CCCC) <https://onlineteachingconference.org/>

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: \$ _____ 400.00

Other: Airport Trans \$ _____ 80.00

Hotel: Your cost for 3 nights is \$ _____ 738.69

Conference fee: \$ _____ 549.00

Meals: \$ _____ 150.00

Other Fees: \$ _____

Total travel cost: \$ _____ 1,917.69

Amount to be paid from Staff Development Funds: \$ _____ 500.00

Difference to be paid from other funds \$ _____ 1,417.69

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

Stacey W. Lince 03/24/2026

Employee's Signature Date

Cari Torres 3.24.2026

Supervisor's Signature Date

Chair, Professional Learning Committee Date

Asst. VP of Instruction, Budget Manager Date