

Request for Classified Staff Development Funds and/or Travel

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SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Mary Kesler Date 9/2/26
 Department PRIE Email mkesler@marin.edu
 Title of Activity 4CPD Annual Conference
 Meeting ☐ Conference ☒ Workshop ☐ Credit Class ☐ Noncredit Class ☐ Webinar ☐
 Sponsored by: 4CPD - Ca Community College Council for Professional Development
 Location: Walnut, CA In person ☒ Online ☐
 Dates of Leave: From 10/14 to 10/16/26 All day or hours _____
 Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)

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
 Airfare: \$ _____
 Other: \$ _____
 Hotel: Your cost for _____ nights is \$ _____
 Conference fee: \$ _____ 691.88
 Meals: \$ _____
 Other fees: \$ _____
 Total Travel Cost: \$ _____ 691.88
 Amount to be paid from
 Staff Development Funds (max. \$500): \$ _____
 Difference to be paid from other funds: \$ _____

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

Mary Kesler Sep 2, 2026
 Mary Kesler (Sep 2, 2026 11:03:24 PDT)
 Employee's Signature Date
Holly Shafer Sep 2, 2026
 Supervisor's Signature Date
 _____ Date
 Chair, Professional Learning Committee
 _____ Date
 Director of PRIE, Budget Manager