

Request for Classified Staff Development Funds and/or Travel

PAGE 1 OF 1

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name Allyson Martinez Date 9/15/26
 Department EOPS & SSP Email almartinez@marin.edu
 Title of Activity CCCEOPSA EOPS 57th Annual Conference
 Meeting ☐ Conference ☒ Workshop ☐ Credit Class ☐ Noncredit Class ☐ Webinar ☐
 Sponsored by: CCCEOPSA
 Location: Long Beach In person ☒ Online ☐
 Dates of Leave: From 10/6/26 to 10/9/26 All day or hours All day
 Describe the job-related benefit of this activity: (Include a web link or attach promotional materials for the event.)

<https://www.ccceopsa.org/2026conference> (roundtable discussions, collaborative worksh

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.

Rountrip transportation:

Car: _____ miles @ _____ /mile = \$ _____

Airfare: \$ 345

Other: \$ _____

Hotel: Your cost for 3 nights is \$ 900

Conference fee: \$ 800

Meals: \$ _____

Other fees: \$ _____

Total Travel Cost: \$ 2045

Amount to be paid from

Staff Development Funds (max. \$500): \$ 500

Difference to be paid from other funds: \$ 1545

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

Allyson Martinez 9/15/26
 Employee's Signature Date

Stormy Miller Sabia 9/15/26
 Supervisor's Signature Date

 Chair, Professional Learning Committee Date

 Director of PRIE, Budget Manager Date