

Request for Classified Staff Development Funds and/or Travel

Submit completed form to Staff Development Office for Administrative Approval

Name Nigel Haikins-Appiah Date 2/20/2020

Department Outreach Phone (510) 501-7865

Title of Activity: California Community College Athletic Association Conference 2020

☐ Meeting ☒ Conference ☐ Workshop ☐ Credit Class ☐ Noncredit Class

Sponsored by: _____

Location: Ontario, California

Dates of Leave: From 3/31/2020 to 4/01/2020 Hours: ☒ All day or _____

Describe the job-related benefit of this activity: (Attach additional paper if necessary.)
I plan on attending this conference with Ryan Byrne, the College of Marin Athletic Director. Through my attendance, I hope to gain relevant information and skills that will enable me to better support COM's athletic department in its development and growth. I also intend on using this opportunity to inform my ongoing academic research on college athletics and its role in promoting racial equity within higher education.

Title V Funding Authorized Uses: Activities funded by Title V 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.

Cost Information

You must indicate all costs including the total cost of your request. Please approximate travel expenses if the exact cost is unknown. If this activity is being paid by funds other than Staff Development please check here: ☐

Activity registration fee \$ 450 Tuition \$ N/A Other fees (explain) Plane ticket - \$200

Transportation: Car N/A miles @ N/A /miles = \$ N/A Other: \$ N/A


Hotel: \$ N/A per night N/A nights = \$ N/A Meals: \$ N/A

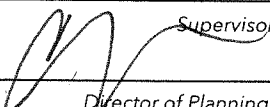
TOTAL COST: \$ 650 Account # _____ (Title V _____ TTIP _____)

APPROVED BY:

☒ Yes ☐ No

☒ Yes ☐ No



Supervisor's Signature


Director of Planning, Research and Institutional Effectiveness
3/2/2020