COLLEGE OF MARIN

Request for Classified Staff Development Funds and/or Travel

SUBMIT COMPLETED FORM TO PROFESSIONAL LEARNING COMMITTEE STAFF SUPPORT

Name _____Date_____

Department _____Email_____

Title of Activity: _____

❏ Meeting ❏ Conference ❏ Workshop ❏ Credit class ❏ Noncredit class ❏ Webinar

Sponsored by:_____

Location: _____ ❏ In person ❏ Online

Dates of Leave: From_____to_____ ❏ 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 = $ _____
Airfare: $ _____
Other:_____ $ _____
Hotel: Your cost for_____ nights is $ _____
Conference fee: $ _____
Meals: $ _____
Other Fees: $ _____
Total travel cost: $ _____
Amount to be paid from Staff Development Funds: $ _____
Difference to be paid from other funds $ _____

Staff Development FOAP: 11100-51001-52000-601000

SIGNATURES

OPensabene
_____
Employee's Signature   Date

Tonya Hersch   4/13/2023
_____
Supervisor's Signature   Date

_____
Chair, Professional Learning Committee   Date

_____
Asst. VP of Instruction, Budget Manager   Date