

**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**

*Shook Chung*

Employee's Signature

Date

*[Signature]*

Supervisor's Signature

8/1/2024

Date

\_\_\_\_\_  
Chair, Professional Learning Committee      Date

\_\_\_\_\_  
Asst. VP of Instruction, Budget Manager      Date