

Request for Classified Staff Development Funds and/or Travel

Submit completed form to Staff Development Office for Administrative Approval

Name Mengqi Yuan Date 05/28/2021
Department OIM Phone x7488

Title of Activity: 2021 Curriculum Institute

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

Sponsored by: Academic Senate for California Community CollegesLocation: VirtualDates of Leave: From July 7 to July 9 Hours: ☐ All day _____

Describe the job-related benefit of this activity: (Attach additional paper if necessary.)

Learn about PCAH, curriculum hot topics, best practices relating to guided pathways, curriculum system management, and articulation advocacy.

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 \$ 200.00 Tuition \$ _____ Other fees (explain) _____
Transportation: Car _____ miles @ _____/miles = \$ _____ Other: \$ _____
Hotel: \$ _____ per night _____ nights = \$ _____ Meals: \$ _____
TOTAL COST: \$ 200.00 Account # _____ (Title V _____ TTIP _____)

APPROVED BY:

☒ Yes ☐ No

Cari Torres

Cari Torres

6.3.2021

Supervisor's Signature

☐ Yes ☐ No

Director of Planning, Research and Institutional Effectiveness