MARIN
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 chaning instiutional 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 Govenors to be related to educational and professional development pursuant to criteria established by the Board of Govenors 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: $ _____

Other: $ _____

Hotel: Your cost for nights is $ _____

Conference fee: $ _____

Meals: $ _____

Other fees: $ _____

Total Travel Cost: $ _____

Amount to be paid from Staff Development Funds (max. $500): $ _____

Difference to be paid from other funds: $ _____

Staff Development FOAP: 11100-51001-52000-675000

SIGNATURES

_____
Employee's Signature Date

_____
Supervisor's Signature Date

_____
Chair, Professional Learning Committee Date

_____
Director of PRIE, Budget Manager Date