

**Request for Classified Staff Development Funds and/or Travel**

Submit completed form to Staff Development Office for Administrative Approval

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Meeting       Conference       Workshop       Credit Class       Noncredit Class

Sponsored by: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Leave: From \_\_\_\_\_ to \_\_\_\_\_ Hours:  All day or \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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 \$ \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Other fees (explain) \_\_\_\_\_

Transportation: Car \_\_\_\_\_ miles @ \_\_\_\_\_/miles = \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_ per night \_\_\_\_\_ nights = \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_

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

**APPROVED BY:**

Yes       No

\_\_\_\_\_  
*Supervisor's Signature*

Yes       No

\_\_\_\_\_  
*Director of Planning, Research and Institutional Effectiveness*