College of Marin
Request for Classified Staff Development Funds &/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 ______ Other ______

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. Interssegmental 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 COSTS $ __________ Account # ___________ (Title V ______ TTIP ______)

APPROVED BY: __________________________________________

Yes ______ No ________ Supervisor's Signature ____________________________

Yes ______ No ________ Vice President of Academic Affairs Signature: ____________

Yes ______ No ________ Director of Development Signature: ____________

Yes ______ No ________ Action Officer Signature: ____________

Yes ______ No ________ Planning and Development Director Signature: ____________

After approval, Use original copy to send to Business Office. Yellow copy retained by originator. Pink copy retained by Staff Development.