

Grossmont College Classified Staff Professional Development Funding Application for 2016/2017

Thank you for your interest in submitting a request for professional development funding. Please carefully read these instructions before completing the application on page two of this document. **Please be aware the approval process can take **six** weeks to complete, so please plan accordingly.

To apply for funding, complete steps 1-4:

1. Decide on a professional development activity/workshop you would like to attend, and discuss it with your supervisor. Your training/professional development activity must support improvement of job related skills or be in support of the Grossmont College's mission, initiatives or goals in order to be considered for funding
2. Complete the "Classified Staff Professional Development Funding Application" (page 2 of this document) and a "Request for Attendance at Off-Campus Activity" form, available [here](#). Funding applications not accompanied by a completed "Off-Campus Activity" form will not be considered. Make sure your Dean signs the "Request for Attendance at Off-Campus Activity" form, and your supervisor signs the "Classified Staff Professional Development Funding Application". Place the signed forms in the Professional Development mail box (#78).
3. Once the forms have been approved, they will be placed in your mail box along with a Travel Expense Claim Form. After you receive the approved forms, you may contact the Professional Development Office if you need assistance with workshop or conference registration.
4. Within two weeks of completion of your professional development activity, submit the Travel Expense Claim form, receipts**and a written summary of the training experience, to the Professional Development Office; all are required for reimbursement. You may submit your conference report electronically in a Word file to Rochelle.weiser@gcccd.edu and place the hard copy of the Travel Expense Claim form, along with all supporting receipts and documentation, in the Professional Development mail box. **Only submit receipts necessary for and up to the amount requested for reimbursement.

Additional Information—Please Read

- Up to **\$500.00** may be awarded per funding period (July 1 through June 1) per classified staff member. Any additional costs associated with the particular training or professional development activity is to be covered by the staff member or another funding source. Funding is first come, first served per funding period.
- When filling out both the "Off Campus Activity Form" and the "Classified PD Funding Request" please include estimated costs for all items including; transportation (mileage, airfare, train fare etc.), parking, registrations, accommodations. **Please note that association membership fees are not reimbursable through the travel expense funding process; please contact your Dean or Genie Montoya for more information on membership expenses.
- If at any point you are unable to attend an approved activity, notify the Professional Development Office immediately at 619-644-7364. If you are unable to attend a funded activity because of a work conflict/requirement, request that your supervisor send an e-mail to the Professional Development Coordinator with notification that you need to report to work instead of your training activity no less than **3 business days** in advance of the event.
- If you are a "no show", that is, you have received funding for a conference or training activity and you do not notify the Professional Development Office that you are unable to attend, you will not be eligible to request funding for the remainder of the fiscal year.

For complete district operating procedures related to travel and the "Off-Campus Activity" form, please refer to the public shared drive at <M:\Public\Operating Procedures\TRAVEL.TR>

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[Note: An approved "Off-Campus Activity Request" form must accompany this application]

Name _____ Date _____

Department _____ Division _____

Conference Title _____

Sponsoring Agency _____

Conference Location _____ Conference Dates _____

Professional Value _____

Estimated Costs

Lodging _____ Transportation/mileage _____ Parking _____

Registration _____ Total Amount _____

Total Amount Requested _____

[Note: A maximum amount of \$500 will be reimbursed from Professional Development]

_____ Date: _____

Supervisor/Chair Signature

I have read and understand the policies for requesting funds for classified professional development activities as detailed on page (1) of this form.

_____ Date: _____

Applicant Signature

-----TO BE COMPLETED BY THE PROFESSIONAL DEVELOPMENT OFFICE ONLY-----

1. APPROVED BY

a. Signature _____

b. Name/Title _____

c. Date of Approval _____

2. AMOUNT OF AWARD: \$ _____