



Conference Pre-approval / Advance Form

Skyline

Cañada

CSM

District

Employee Name

Employee Signature

Date

G #

Division/ORG

Supervisor Signature

Date

Payable DIRECTLY to Organization

Administrator Signature

Date

Organization ID #
[W9 required for all new vendors]

Budget Officer Signature

Date

SMCCCD Account Distribution/s (FOAP):

President Signature
(Required for Out of State/ International Travel)

Date

Chancellor Signature
(Required for International Travel)

Date

Title of Conference

Date/s of Conference

Location of Conference (City, State) Date Required
Amount:

Estimated Expenses:

Conference Registration Fees

Transportation (airfare, mileage, other)

Car Rental (Shuttle/bus/taxi)

Lodging (room charges and taxes only)

Meals (reference AP8.55 for per diem rate)

Miscellaneous (tolls, parking, business
phone calls, specify others)

TOTAL Estimated Expenses:

TOTAL ADVANCE REQUESTED:

This form must be submitted to the Business Office at least three weeks prior to conference date to allow reasonable processing time. Please note that only one check per event will be processed.

Claimants are required to submit a Statement of Conference Expense form no later than 30 days after the conference.

Business Office Representative Initials:

APPLICATION FOR SHORT-TERM FACULTY PROFESSIONAL DEVELOPMENT FUNDING (ARTICLE 13)

***Please attach conference/workshop information with your application. In order for your application to be considered by the committee, it must include:
1) Conference/workshop information, 2) Registration fees information, and 3) travel information***
 In order to be considered for reimbursement, this application must be submitted to your Division Dean at least **30 days prior to the date of the Conference**

APPLICANT INFORMATION

APPLICANT'S NAME:		
EMAIL:		PART-TIME OR FULL-TIME:
DIVISION:		
TODAY'S DATE:		

CONFERENCE INFORMATION

CONFERENCE/WORKSHOP TITLE:		
DATE(S) OF ACTIVITY:		
LOCATION OF ACTIVITY (CITY, STATE):		

**FACULTY PROFESSIONAL DEVELOPMENT ACTIVITY QUESTIONS
(PLEASE ANSWER ALL QUESTIONS)**

Please note: When completing the Short-Term applications, please be sure to answer each section in complete sentences. We cannot evaluate your proposal containing only a phrase or single sentence. Please define all acronyms.

1) Write a detailed description of the activity. Include the title of the conference/workshop, location and sessions you propose to attend. **Please include electronic copy of Conference Materials.**

2) Describe how this activity is inspiring and relevant to your personal goals and professional development. (These funds are available for an individual's professional growth, so please provide this information with regard to individual advantage, not group or institutional advantage.)

3) How do you think this activity will enhance your work at Skyline College? (Share benefits to your students and program.)

4) How do you plan to share what you've learned with your colleagues (or the Skyline College community)?

Flex Day Class

CTTL Brown Bag Lunch

Department Meeting

Newsletter / Skyline Shines Article

Informal Conversations with Applicable Peers

Division Meetings

Committee Meetings _____

Other: _____

FACULTY PROFESSIONAL DEVELOPMENT FUNDS (ARTICLE 13) REQUEST

CONFERENCE/WORKSHOP COST	
CONFERENCE/REGISTRATION FEES	
TRAVEL FEES - <u>IN-STATE MAXIMUM \$1,500.00 / OUT-OF-STATE MAXIMUM \$2,500.00</u>	
TRAVEL COST (airfare, train, bus, mileage (67 ¢), etc.)	
LODGING (room charges and tax)	
MEALS (# of days x \$70.00 per diem)	
MISCELLANEOUS (bridge tolls, parking charges, etc.)	
CAR RENTAL (Prior Approval Required)	
TOTAL TRAVEL FEES	
TOTAL COST	
TOTAL FUNDS REQUEST	

Please check the boxes below for the required materials needed to be considered for reimbursement:

Conference/workshop information (can be an agenda, flyer, e-mail or website printout)

Registration fees information (any conference marketing material showing the registration cost)

Travel cost information (include estimated airfare, mileage, lodging, etc.)

If these materials are not attached to the application, the application will be returned to your division office

APPROVAL SIGNATURE PAGE

DIVISION DEAN										
<u>SUBSTITUTE COST</u>										
<i>Cost of substitution/replacement. Base your estimated figure on highest pay rate from hourly salary schedule. If coverage will be accomplished with a regular faculty at no cost, indicate cost as \$0.00. A specific dollar figure must be given for a proposal to be considered.</i>										
<p style="color: red;">As of October 2023, substitute cost is not being considered for review and approval by the committee.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;">SUBSTITUTE TOTAL SALARY</td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">BENEFITS</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">TOTAL SUBSTITUTE COST</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	SUBSTITUTE TOTAL SALARY		BENEFITS		TOTAL SUBSTITUTE COST				
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BENEFITS										
TOTAL SUBSTITUTE COST										
<p>Date Submitted to Division Office _____</p> <p>Signature of Division Dean _____ _____ Date</p> <p style="padding-left: 40px;">Include reason if approved after the 30 day in advance due date.</p> <p>Comments:</p>										
PROFESSIONAL DEVELOPMENT COMMITTEE										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center; width: 20%;">Approved</td> <td style="text-align: center; width: 20%;">Denied</td> </tr> <tr> <td style="padding-top: 10px;">Signature of Committee Chair _____</td> <td colspan="2" style="text-align: center; padding-top: 10px;">_____</td> </tr> <tr> <td style="padding-top: 5px;">Comments:</td> <td colspan="2" style="text-align: center; padding-top: 5px;">Date</td> </tr> </table>			Approved	Denied	Signature of Committee Chair _____	_____		Comments:	Date	
	Approved	Denied								
Signature of Committee Chair _____	_____									
Comments:	Date									
PRESIDENT										
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	Approved	Denied								
Signature of President _____	_____									
Comments:	Date									

Reminder: Conference Information Materials **MUST BE** included for application to begin review. Information materials can include information from the conference's website, an e-mail from the conference, an agenda, etc. If nothing is attached, the application will be sent back to the division office