



Conference Attendance Approval

*Non-Article 13 Funds

This form must be submitted to your Division Dean at least **10 days before in-state conference or 21 days before out-of-state conference**
Please attach Conference Information prior to submitting to your Division Office

Section 1: Applicant Information

Name: _____ Today's Date: _____

Title or Position: _____

Section 2: Conference Information

Conference Title: _____

Conference Date: _____ Conference Location: _____
(City, State)

School Day(s) Involved: _____

Section 3: Estimated Expenses to District

*Registration Fees: \$ _____

Personal Vehicle Costs

Number of Miles: _____ X _____ (mileage rate)

SUBTOTAL: \$ _____

***Other**

Transportation Costs: \$ _____
(airfare, train, bus, etc.)

***Lodging:** \$ _____
(room charges and tax)

***Meals:** \$ _____

***Miscellaneous:** \$ _____
(bridge tolls, parking charges)

***Car Rental:** \$ _____
(Prior Approval Required)

TOTAL ESTIMATED EXPENSES: \$ _____

***Receipt required for reimbursement after conference**

Section 3 (cont'd): Est. Expenses

Instructor \$ _____

Replacement Cost: \$ _____

Professional Development \$ _____

Estimated Expenses: \$ _____
(if applicable)

If this is not Professional Development, please indicate benefits to the College on back

Section 4: Account Information

Budget Account(s) to be Charged: _____

Section 5: Administrator Approval

Division Dean: _____

Vice President: _____

President: _____

President's Signature only required if two or more persons attending from college or if out-of-state travel



Please Note: Since the process is competitive, proposals which clearly and explicitly explain the nature, purpose, outcomes, and benefits of the project are more likely to be successful.

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:	
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 a printout of Conference Materials.**

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

3) What program outcomes do you plan to achieve?

4) How do you think this activity will enhance your work with students?

5) The Faculty Professional Development Committee strongly encourages applicants to lead an activity or workshop that showcases what they have learned as a result of their conference experience. How do you plan to share what you've learned with your colleagues (or the Skyline College community)?



FACULTY PROFESSIONAL DEVELOPMENT FUNDS (ARTICLE 13) REQUEST

<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. Division Deans to complete this section.</i>	
SUBSTITUTE TOTAL SALARY	
BENEFITS	
TOTAL SUBSTITUTE COST	
<u>CONFERENCE/WORKSHOP COST</u>	
CONFERENCE/REGISTRATION FEES	
TRAVEL FEES - IN-STATE MAXIMUM \$1,250.00 / OUT-OF-STATE MAXIMUM \$2,000.00	
TRAVEL COST (airfare, train, bus, mileage, etc.)	
LODGING (room charges and tax)	
MEALS	
MISCELLANEOUS (bridge tolls, parking charges, etc.)	
CAR RENTAL (Prior Approval Required)	
TOTAL TRAVEL FEES	
<u>TOTAL COST</u>	
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

Signature of Division Dean _____ Date _____

Include reason if approved after the 30 day in advance due date.

Comments:

VICE PRESIDENT

Signature of Vice President _____ Date _____

Comments:

PROFESSIONAL DEVELOPMENT COMMITTEE

Approved Denied

Signature of Committee Chair _____ Date _____

Comments:

PRESIDENT

Approved Denied

Signature of President _____ Date _____

Comments:

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