



Hello, and thank you for applying for Professional Development funding for your activity. The application packet is attached.

The PDC meets the second Monday of each month; the packets must be completed and turned in to Rifka Several by 5:00 pm the first Monday of each month for committee consideration. Out of state travel requires Chancellor approval, and out of country travel requires board approval – please plan accordingly.

The current funding level per request is up to \$750.

1. Activity Proposal Form: please have your dean or supervisor sign. For guidelines on eligibility, please go to the Professional Development Committee website.
2. Itemization of Activity Expenses: please note that the mileage is to and from LPC, not your home, and there is a maximum food allowance.
3. Conference Leave: Request Form: if you will require substitutes in your class(es), please indicate it. This form must be signed by your dean or supervisor.

Attach supporting materials such as conference information and registration forms.

4. Conference Leave: Expense Claim Form: this will be completed and turned in to Business Services with the supporting information and original receipts after your conference is over.

Please contact me with any questions, *Rifka*

Rifka Several – rseveral@laspositascollege.edu, 925-424-1014
Room 1681H
Professional Development Committee

Professional Development Activity Proposal Form

Fill out this form completely and submit it along with all supporting documents to the Professional Development Coordinator or their Administrative Assistant by the **first Monday of each month by 5:00 p.m. Incomplete forms will be returned.**

Full-Time

1. Proposer Name: _____

Check One

Faculty ☐ Classified ☐ Administrative ☐

Part-Time*

Proposer Name: _____

Faculty ☐ Classified ☐

of yrs. at LPC: ____ Current workload: ____%

2. Activity Title: _____

3. Sponsoring Organization: _____

4. Work Group to Benefit: _____

5. Proposed Date(s): _____ Location: _____

6. Total Cost of the Proposed Activity: \$ _____

****To view the current level of available institutional funding please check the PDC website here. Please note that you may not apply for both PDC funds and other grant/initiative funding simultaneously.**

7. Signature of Dean or Immediate Supervisor: _____

***(signature verifies that part-time staff applying for Professional Development funding meets the minimum requirements of either a 40% workload or 3 cumulative years with LPC.)**

Box area for Professional Development Committee only. Please do not write in this space.

ACT. REQ. #: _____ PROF DEVELOPMENT PROJECT #: _____

Out of State: YES ☐ NO ☐

Amount of Funding Approved by Prof Development Committee: \$ _____

Committee Chair: _____ YES ☐ NO ☐ Date: _____

Amendments or Reason for Disapproval: _____

Professional Development funds may be used according to AB 2558. Check the following AB 2558 categories that apply to your proposed activity and include a brief explanation (additional pages may be attached as needed):

- ☐ Improvement of teaching
- ☐ Maintenance of current academic and technical knowledge and skills
- ☐ In-service training for vocational education and employment preparation programs
- ☐ Retraining to meet changing institutional needs.
- ☐ Intersegmental exchange programs.
- ☐ Development of innovations in instructional and administrative techniques and program effectiveness.
- ☐ Computer and technological proficiency programs.
- ☐ Courses and training implementing affirmative action and upward mobility programs
- ☐ Other activities determined to be related to educational and professional development pursuant to criteria established by the Board of Governors.

Brief description of how your activity meets the above AB2558 Guidelines:

Please fill out this page **completely**. Your responses will assist the Professional Development Committee with evaluating your proposal for approval. (This is not the required one page summary)

1. Describe how this activity ties in to your Program Review. Optional: Identify sections/pages of your Program Review that supports your staff development funding request.

2. Objectives and rationale of the proposed activity:

3. How will this proposed activity benefit the college?

4. How do you plan to share what you have gained from the proposed activity with the college community, (i.e., present information at town meetings, division meetings, brown bag lunches, workshops, etc.)?

Professional Development

Itemization of Activity Expenses

Activity Expenses
(Membership fees are NOT reimbursed)

Itemize all estimated costs below. **RECEIPTS MUST BE SUBMITTED FOR ALL ITEMS WHEN YOU REQUEST REIMBURSEMENT. REIMBURSEMENT MAXIMUM:** Check the PDC Website for details.

1. Registration Fees: \$ _____
2. Commercial Travel: \$ _____
3. Accommodations: cost/night _____ x # nights _____ = \$ _____
4. Mileage (to/from LPC): Mileage _____ x \$0.625/mile = \$ _____
5. Food: Up to \$15 meal or \$30/day
MAXIMUM = \$ _____
6. Other (specify): _____
(Does NOT include reimbursement for books, DVDs, CDs,
and other conference materials.) \$ _____
7. Total Amount of Estimated Expenses: \$ _____

Signature of Proposer:

Date:



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Business Services
Conference Leave: Request Form



Staff member(s): _____

Conference title: _____

(Note: please do not use abbreviations in form)

Date(s): Location: _____

Sponsoring group: _____

Purpose and contribution to Chabot-Las Positas Community College District?

(Please indicate any official position held which requires or makes desirable your attendance)

Estimated total cost of attendance, including transportation: \$

List dates and classes requiring substitutes:

Signature: _____ Date:

Reimbursement for expenses for conference and meeting attendance – see Administrative Procedure (AP) 7400.

FOR OFFICE USE

Approval:

Division Dean signature: _____ Date:

Vice Pres. or Vice Chancellor signature: _____ Date:

President / Chancellor signature: _____ Date:

Cost is chargeable to division budget:

☐ Yes : (labor distribution account) - - -

☐ No

☐ No cost to District

Maximum total reimbursement allowed:

☐ Actual and necessary expenses

☐ Limited to \$

Routing: Original – Business office

Copies: Academic Services
Division office
Staff member(s)

Reference: Article 29E.3 – Faculty Collective Bargaining Agreement



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Business Services

Conference Leave: Expense Claim Form



Social security number / W #: _____

Name: _____
(Last) (First) (MI)

Address: _____

Conference title: _____
(Note: please do not use abbreviations in form)

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

Claim forms must be received by the Business Office no later than the tenth day of the month following the month in which the conference was attended.

Complete all appropriate items. If additional space is required, use additional forms. Refer to Board Policy 4070 for procedure governing submission of claims.

1. Receipts must be attached for all expenses.
2. Reimbursements cannot be made for expenses itemized as tips or gratuities.
3. Conference expense claims must reflect expenses of the individual only.
4. Record conference mileage on this form.

Submit original and two copies to your Department Administrator for approval. Retain a copy for your records and staple all receipts to the claim form.

Date	Miles Traveled	Lodging	Meals	Registration	Other Expenses (Telephone, Taxi, Parking, Mass Transit, Etc.)		Daily Total
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
/ /		\$	B \$ L \$ D \$	\$	\$ \$ \$	\$ \$ \$	\$
Total Miles:		@ _____ ¢ per mile					Total Daily Expenses: \$

Public Transportation: From: _____ To: _____ Via: _____ One-Way Two-Way

I certify that the above itemized claim represents actual and necessary expenses incurred by me while on authorized school business for the purposes stated above.

Employee signature: _____ **Date:** ____ / ____ / ____

APPROVED: DEPARTMENT ADMINISTRATOR: _____

EXAMINED AND ALLOWED: DISTRICT BUSINESS OFFICE: _____

CHARGED TO EXPENDITURE ACCOUNT NUMBER: _____

Cost of Transportation:	\$
Subtotal:	\$
Less Advances:	-\$
Less P-Card:	-\$
Expense Limit: \$ _____ Total Claim:	\$