Las Positas College

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 both a 40% workload and 2 consecutive 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** $0.545/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

Reset