

GROSSMONT COLLEGE
Professional Development Travel Funding /
Professional Development Credit
Application Procedure for 2017/2018



GROSSMONT COLLEGE

the office of professional development

faculty professional development committee

classified staff professional development committee

collegewide professional development committee



This document describes the procedures for requesting funding from the professional development travel fund and for conference attendance whether funds are requested or not.

Full Time Faculty, Adjunct Faculty and Classified Staff Employees may request up to \$500 annually from the Professional Development Travel Fund to support travel to discipline specific and/or job related conferences and workshops. Faculty may request funds AND receive Professional Development Credit for conference attendance.

Plan to request funds or make a travel request at least 6 weeks prior to the conference date. Justification to attend conference is required. Incomplete requests cannot be processed. You will need to submit the following to your Division Dean's Office:

- ❖ Conference Attendance/Travel Fund Request form (attached).
- ❖ Request for Attendance at Off-Campus Activity," form TR3--F1 (rev 7/15/10) – Use Account 1340002---5210 for funds requested from the PD Travel Fund.
- ❖ Documentation regarding the professional value of the conference such as:
 - Conference Brochure or Flyer that includes: Name and description of conference, Conference Dates, Conference Location, Agenda Activity including the description of offerings. Meals cannot be reimbursed from this fund.
 - Documentation of Costs (if making a funding request) including:
 - Conference Registration Fees
 - Lodging reservation quote (including cost of parking)
 - Transportation quote (MapQuest, and/or flight, train, shuttle, etc.) Note: mileage rate for 2017 is .535 per mile.
 - Please note: Meals cannot be reimbursed from this fund.

Routing Information

- ❖ Return completed packet for signatures to your Division Dean
- ❖ Dean's office will route your paperwork as required (e.g. to the Professional Development office to process the funding request if one is being made, to cabinet and then the district for approval to travel.)
- ❖ Once your travel request has been approved by the district, you will receive the signed travel request and (if needed) a travel expense form in your mailbox. Please know this can take 4 to 6 weeks. We recommend that you do not make reservations until you know that the travel has been approved.

To be **Reimbursed for Travel**, submit the following **within two weeks after travel is completed**:

- ❖ Report on Conference Attendance submitted to: (<https://www.surveymonkey.com/r/CFP3T82>)
- ❖ Create an Expense Report in Workday (Please see the Expense Report training manual available in Workday)
- ❖ Upload the following items to your expense report
 - Copy of approved *Request for Attendance at Off-Campus Activity*, form TR3--F1
 - Original hotel receipts (Credit card receipts are not acceptable)
 - Transportation – MapQuest for mileage (.535 per mile), and/or commercial carrier, train, shuttle, taxi receipts.
 - Original parking receipts
 - Conference Registration receipt
 - Other original itemized receipts as approved
- ❖ Professional Development funding does not cover food expenses however other funding sources do - so please note alcoholic beverages may not be reimbursed and such items **may not appear on receipts**, please request a separate receipt for items you wish to be reimbursed for.

Only submit information/documentation for reimbursable expenses that were approved.

Request for Conference Attendance/ Funding from the Professional Development Office Travel Fund



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Name _____ Date _____

Department _____ Division/Unit _____

Full time Faculty

Adjunct Faculty

Classified Staff

I am requesting funds from the Professional Development Travel Fund

(Please identify request amount below)

Travel _____

Conference Registration _____

Lodging _____

Other _____

Total PD Funds Requested _____

I plan to use attendance at this conference to satisfy my professional development obligation

(Please indicate number of hours requested. 8 hours per day maximum)

I will be requesting a substitute

Conference Attendance Policy/Procedures:

1. Submit application for funding and all documentation at least six weeks prior to conference date.
2. \$500 maximum reimbursement per academic year for full time faculty, adjunct faculty, and classified staff. Faculty conferences must be in discipline, discipline related, curriculum methods, or approved training. Classified conferences must be related to job description and approved by the unit manager.
3. Submit all required forms to the Division Dean's Office at least **six weeks prior to the conference start date**. Late submittals must include a written justification explaining the delay and may not be processed.
4. If request is denied, applicant will be informed of the denial by the appropriate Committee Chair and will be given the opportunity to appeal.
5. A Report on Conference Attendance is required for reimbursement. This Report and Travel Expense Claim forms must be submitted to the Office of Professional Development within two weeks of travel

I Have Read the Policy and Agree to the Procedures Above

Print Name

Signature

Date

Supervisor / Department Chair Signature

Date

Committee Action (to be completed by the Professional Development Office):

Date: _____ Reimbursement Amount: _____

Denied: _____ Reason for Denial: _____

Appeal: _____ Outcome of Appeal: _____

Signatures: _____

Cindi Harris / Micah Jendian, Professional Development Coordinators
Jeannette Calo – Chair Faculty Professional Development Committee
Pat Murray – Chair Classified Professional Development Committee

**GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT
REQUEST FOR ATTENDANCE AT
OFF-CAMPUS ACTIVITY**

- GCCCD Office
- Cuyamaca College
- Grossmont College

NAME _____ **DATE** _____
Please Type or Print

This is to request institutional permission to attend the activity described below:

Title of activity: _____

Sponsoring agency: _____

Place of activity: _____ Dates and times of activity: _____

Professional value: _____

Is this a Staff Development Activity?: Yes No

After attending this activity, I would be willing to make a presentation to other staff if appropriate: Yes No

ESTIMATED COST

LODGING: _____

MEALS: _____

TRANSPORTATION: _____

REGISTRATION: _____

OTHER: _____

TOTAL AMOUNT REQUESTED: _____

TRAVEL PREPAYMENTS AND CLAIMS (to be used by site Business Office only)

TOTAL PAYMENTS: _____

FUNDING AUTHORIZATIONS AND TRAVEL APPROVALS

| <u>Descriptions</u> | <u>Account Number</u> | <u>Amount Requested</u> | <u>Amount Approved</u> | <u>Approval of Funding</u> |
|---------------------|-----------------------|-------------------------|------------------------|----------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL: | | _____ | _____ | _____ |

Reimbursable by outside source: _____

Name of Agency

Responsibility for Billing

Site Business Officer

Dean/Director/Supervisor

President/Vice Chancellor/Chancellor