

GROSSMONT COLLEGE
Professional Development Funding /
Professional Development Credit
Application Procedure for 2019/2020



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 Office of Professional Development and for conference attendance whether funds are requested or not.

Full Time Faculty, Adjunct Faculty and Classified Professionals 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 / Manager:

- ❖ 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 and indicate *Professional Development*
- ❖ Documentation regarding the professional value of the conference:
 - 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 2019 is .58 per mile.
 - Please note: Meals cannot be reimbursed from this fund.

Routing Information

- ❖ Submit the completed packet for signatures to your Division Dean / manager or supervisor as appropriate.
- ❖ Once your travel request has been approved by the district, the approved travel request will be returned to your on campus mailbox. Please know the process can take 4 to 6 weeks. Please be advised that travel is NOT approved until you the approved paperwork is returned.

To be **reimbursed for Travel**, submit the following **within two weeks of completed travel**:

- ❖ Report on Conference Attendance submitted to: (<https://www.surveymonkey.com/r/TBH9FSN>)
- ❖ 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
 - Scan of original receipts for items you are claiming reimbursement:
 - Original travel receipts: hotel folio (Credit card receipts are not acceptable), airfare, bus, train, etc or
 - MapQuest for mileage (.58 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, but other funding sources do - please note alcoholic beverages **may not appear on receipts**, please request a separate receipt for food 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. 6 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 professionals. 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, manager or supervisor 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. The Conference Attendance Report and Workday Travel Expense report must be submitted within two weeks of travel.

I Have Read the Policy and Agree to the Procedures Above

Print Name

Signature

Date

Supervisor / Manager / 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: _____

Signature: _____

Administrator for Professional Development Funds

Faculty PDC Chair / PD Coordinator

**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
 Rev 7/15/10