

**GUIDELINES FOR EMPLOYEES
PROFESSIONAL DEVELOPMENT FUND REQUESTS**

NOTE: A Travel Authorization form must be completed and approved through District Travel Policies and a completed copy submitted with the application for Professional Development Fund requests.

1. All full-time and part-time classified, faculty, adjunct and management are eligible to apply.
2. A brief explanation from the person submitting the request for funding explaining why they plan to attend and what they expect to gain from attending this conference/workshop. If presenting, explain your role at the conference.
3. The activity must be approved by the immediate supervisor and submitted to the Employee Professional Development Committee for funding approval.
4. Individuals may be awarded one request up to \$500.00 for funds per fiscal year.
5. The amount of funds awarded will be based on the following standards:
 - a. Up to one half of the total sum requested--but not to exceed \$500.00 for attending a conference or workshop.
6. The money awarded cannot be used to pay for substitute instructors or staff.
7. Prepayments made by employee: Reimbursement cannot be made until payments have been made for the conference/workshop. If required to pay in advance, i.e., registration, hotel, flight, employee must submit the original receipts to Fiscal Services. The employee can then be reimbursed from the monies approved by the Employee Professional Development Committee as soon as possible.
8. Submit your request to Violeta Topete for processing through the committee. She can be reached by email violeta.topete@vvc.edu or at extension 2458.
9. **Required: A follow-up written report must be submitted to the Employee Professional Development Committee explaining what was learned, gained, etc. from your participation at the conference within one month of attending the conference.*****

*** Written reports not received within one month of attending the conference may jeopardize future funding proposals.

The Employee Professional Development Committee will use Employee Professional Development Funds to provide:

1. Teaching improvement
2. Maintenance of current academic and technical knowledge and skills
3. In-service training for vocational education & employment preparation programs
4. Re-training to meet changing institutional needs
5. Intersegmental exchange programs
6. Computer & technological proficiency programs
7. Training implementing diversity
8. Other activities determined to be related to professional development pursuant to criteria established by the BOG of the CA Community Colleges, including, but not necessarily limited to programs designed to develop self-esteem

WE, THE COMMITTEE, ENCOURAGE YOU TO APPLY AND ATTEND A CONFERENCE OF YOUR CHOICE.



Victor Valley College Travel Authorization Form

Requisition # _____

Name Attendee _____

P.O. # _____

Attendee Address _____

Mailing Address

City

State

Zip Code

Funding Request Estimates:

Pre-Paid w/Credit Card	Pre-Paid w/Check
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Last four digits of assigned District credit card _____

Registration	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Event	_____
Airfare	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Location	_____
Lodging	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Dates of Travel	_____
Taxi/Shuttle	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	# of Miles (incl. map)	_____
Car-Rental	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Rate per mile	\$ _____
Parking Fees	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Mileage Total	\$ _____
Meal Total	\$ _____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Approximate Total Expenses	\$ _____

Form Submitted by _____

Date _____

Email Address _____

Phone #/Ext. _____

Signature of Attendee _____

Date _____

Signature of Supervisor/Dean _____

Date _____

Signature of Budget Manager _____

Date _____

Budget Account Number _____ - _____ - _____ - _____ - _____ - _____ . 00 - _____

Budget Account Number _____ - _____ - _____ - _____ - _____ - _____ . 00 - _____

Signature of Area Vice President _____

Date _____

Signature of Superintendent/President _____

Date _____



Employee Expense Report

Employee Name _____
 Street Address _____
 City _____
 Zip Code _____

Department _____
 Requisition Number _____
 Purchase Order Number _____
 District Credit Card # (if applicable) _____

Is this a travel reimbursement? If so, attach a copy of the Travel Authorization. (Mark correct answer with an X)

Yes
 No

District Credit Card Expenses

Date	Vendor	Registration	Airfare	Luggage	Lodging	Transportation	Breakfast	Lunch	Dinner	Meals	Supplies	Misc.	Personal	Total
										\$0.00				\$0.00
										\$0.00				\$0.00
										\$0.00				\$0.00
										\$0.00				\$0.00
										\$0.00				\$0.00
										\$0.00				\$0.00
										\$0.00				\$0.00
Sub Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total														\$0.00

Out of Pocket Expenses

Date	Vendor	Registration	Lodging	Airfare	Luggage	Transportation	# of Miles	Rate	Mileage	Breakfast	Lunch	Dinner	Meals	Misc.	Total
								\$0.58	\$0.00				\$0.00		\$0.00
								\$0.58	\$0.00				\$0.00		\$0.00
								\$0.58	\$0.00				\$0.00		\$0.00
								\$0.58	\$0.00				\$0.00		\$0.00
								\$0.58	\$0.00				\$0.00		\$0.00
								\$0.58	\$0.00				\$0.00		\$0.00
								\$0.58	\$0.00				\$0.00		\$0.00
Sub Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total															\$0.00
Grand Total															\$0.00

Total District Credit Card	\$0.00	(XX-XX-XX-XXXX-XXXX-XX-XXXX)	%	Amount
Total due to Employee	\$0.00	Budget Account Number 1		\$0.00
Total due to VVC	\$0.00	Budget Account Number 2		\$0.00
Total Cost to the District	\$0.00	Total		\$0.00

Upon return of travel, please forward original itemized receipts to Fiscal Services within 5 days. Please allow 30 days for reimbursement. Personal reimbursements will not be disbursed until the District Credit Card is reconciled (if used). I certify to the best of my knowledge that the above information is accurate. I agree that all charges not paid by the District are my responsibility.

Submitted by:

Attendee Signature _____

Printed Name _____

Date _____

Approved by:

Supervisor Signature _____

Printed Name _____

Date _____



VICTOR VALLEY COMMUNITY COLLEGE DISTRICT

Report on Conference Attendance

Name & Position of Employee

Name and Location of Conference

Date of Travel

From:

To:

Summarize briefly the information you obtained by participating in this conference, which would be of particular interest to you, and/or other employees in your area. (Use additional pages if necessary).

Have you, or how do you plan to communicate information learned to other staff members in your area that could benefit from it?

Would you recommend staff participation in this conference if it was held again in the future? Why?

Signature – Person attending

Signature – Supervisor

Signature – Area Vice President

Signature – Superintendent/President

This mandatory form is to be completed and submitted to the Fiscal Services Department along with all other required documentation (receipts, expense report, etc.) in order to be eligible for reimbursement of expenses and/or approval to travel to future conferences.

Employee Professional Development Activity Tracking Form

To assist in the identification of Professional Development activities that are occurring both on and off campus, please complete this form after you have *attended* any off-site professional development activity, **OR** if you have *facilitated* any on-campus professional development activity.

Please attach an activity description handout.

Name: _____

Discipline/Department: _____

Date of Activity: _____

Title of Activity: _____

Type of Professional Development Activity:

Conference Workshop Other Training

Location of Activity:

Off-Campus On-Campus

Please provide a brief summary of the activity: