



Association of Classified Employees of Umpqua Community College

Application for Professional Development Funds

Procedure for applying: ****IF YOU ARE TRAVELING OUT OF STATE, APPROVAL MUST BE OBTAINED FIRST****

1. Complete this form, obtain the signature of your supervisor, and return form to the ACEUCC Professional Development Committee Chair, Cathy Adkins (ESB 8 – ETS/UB; ext. 4606)
2. Application for staff development funds is to be submitted to the committee chair well in advance so that the request can be approved or denied prior to start of activity and before any registrations, reservations, etc., are made.
3. If you are going out of state College Presidents Approval is required (see page 2)
4. The ACEUCC Professional Development Committee will meet and screen the request
5. The Association President’s endorsement will complete the decision process.
6. You will be sent notification of the decision on the copy of your application
7. It is your responsibility to make out the necessary purchase order/travel requests and attach copy of your approved application. Use the appropriate budget code for the approved professional development portion, and send to Professional Development Committee Chair for signature.
8. Upon completion of the seminar/workshop/conference you must fill out an evaluation form and submit it to the Professional Development Committee (with a copy to your supervisor) along with a travel reimbursement form with four days of the seminar/workshop/conference. Employees may be ask to share information learned with others.

Personal Data

Name: _____ Banner Number: 800

Job Title: _____ Extension: _____

Activity \$\$ Budget \$\$

Registration/Tuition Fee \$ _____ Lodging _____ nights @ \$ _____ = \$ _____

*Mileage _____ x _____ (miles driven) = \$ _____ or Vehicle Rental * _____

Meals: Breakfast (\$13.00) _____ Lunch (\$13.00) _____ Dinner (\$26.00) _____ Total \$ _____

Airfare \$ _____ Taxi \$ _____ Luggage fee \$ _____ Parking fee \$ _____ Books \$ _____

Other Costs \$ _____ Describe _____

Subtotal \$ _____

Department Funds Provided \$ _____ Prof Development Funds Requested \$ _____

Prof Development Funds Approved \$ _____

Applicant’s Signature _____ Date _____

Supervisor’s Signature _____ Date _____

Committee’s Signature _____ Date _____

ACEUCC President’s Signature _____ Date _____

Comments from any of the above: _____

Professional Development Committee's Decision

_____ Approved _____ Partial Approval \$ _____ Amount Awarded _____ Not Approved

Comments: _____

Committee Chair _____ **Date** _____

If requesting out of state travel, employee must complete this section:

Out of state travel required ___yes___ **no** (if yes must obtain College President's Approval)

COLLEGE PRESIDENT'S APPROVAL _____ **DATE** _____

Activity Information

Title of Activity: _____

Location of Activity: _____

Day/Length of Activity: _____ **Application Deadline (Date)** _____

Sponsoring Agency: _____

Credit: _____ **Non-Credit:** _____

UCC & Professional Benefits:

Description of Activity – Show how this activity is related to your job responsibilities or objectives, and/or beneficial with respect to the functions and goals of the college. Supplemental materials or brochures, describing the actives, should be attached or explained below.

*Mileage will be reimbursed at the lessor of a rental vehicle or miles times the current rate (ex. 100 X .54) Please use the form - Car Rental vs Mileage Reimbursement Calculator at <http://www.umpqua.edu/employee-forms-information#Finance>