



Hello, and thank you for applying for Professional Development funding for your activity. The application packet is attached.

The PDC meets the second Monday of each month; the packets must be completed and turned in to Rifka Several by 5:00 pm the first Monday of each month for committee consideration. Out of state travel requires Chancellor approval, and out of country travel requires board approval – please plan accordingly.

The current funding level per request is up to \$500.

1. Activity Proposal Form: please have your dean or supervisor sign. For guidelines on eligibility, please go to the Professional Development Committee website.
2. Itemization of Activity Expenses: please note that the mileage is to and from LPC, not your home, and there is a maximum food allowance.
3. Conference Leave: Request Form: if you will require substitutes in your class(es), please indicate it. This form must be signed by your dean or supervisor.

*Attach supporting materials such as conference information and registration forms.*

4. Conference Leave: Expense Claim Form: this will be completed and turned in to Business Services with the supporting information and original receipts after your conference is over.

Please contact me with any questions, *Rifka*

Rifka Several – [rseveral@laspositascollege.edu](mailto:rseveral@laspositascollege.edu), 925-424-1014

Room 1681H

Professional Development Committee

# 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**

Check One

1. Proposer Name: \_\_\_\_\_

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 what 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