



SHORT-TERM PROFESSIONAL DEVELOPMENT FUND APPLICATION FORM

PROCEDURE:

Fill out the information required on this page.

On the **back** of this page, please provide the following information:

1. **Location and Date** of P.D. activity.
2. **Description** of P.D. activity or expenditure. If applicable, include an agenda or outline of the workshop, course, conference or seminar, showing the sessions to be attended.
3. **Benefits** of P.D. Activity. Explain how the activity or expenditure:
 - a) will assist you to remain current in your discipline AND/OR
 - b) will improve your teaching skills or professional status AND/OR
 - c) will benefit the College.

- * Fill out and sign the **TRAVEL ADVANCE REQUEST/EXPENSE REPORT**.
- * Submit application and forms to your Department Head or Campus Principal for signature and recommendation and then pass all information to the P.D. Committee Chairperson.
- * Allow one month for approval and processing.
- * Within two months from the end of your P.D. activity, submit an **EXPENSE REPORT** together with a written report typed for publication. If the deadline cannot be met, it is your responsibility to notify the P.D. Convener before the due date.
- * **Failure to submit reports within two months will result in forfeiting the remaining 25% of funds. In addition, faculty will be ineligible for further funding until these reports are received.**

TO BE COMPLETED BY APPLICANT

Name: _____ Department: _____

1. Have you received P.D. funds this fiscal year (April 1-March 31)? Yes No
2. Will you be receiving funds from any other sources for this activity? Yes No
3. If your answer to (2) was yes, indicate the total amount of funds you did or will receive. \$ _____

Signature: _____

APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY SUPERVISOR

APPROVAL Rating by Department Head/Campus Principal. RECOMMENDED NOT RECOMMENDED

Department Funding? NO YES AMOUNT \$ _____

COMMENTS: _____

Signature: _____ Date: _____

P.D. COMMITTEE USE ONLY

APPROVED NOT APPROVED

Date of Activity _____

Init. Rec'd. _____

Circ. to Comm. _____

A/P 75% Adv. _____

Expenses Reported _____

P.D. Report Received _____

A/P 25% Rem. _____

Total Grant Approved \$ _____

Location of Activity: _____

Date of Activity: _____

Description of P.D. Activity:

On the back of this page, please provide the following information:

1. Location and Date of P.D. Activity
2. Description of P.D. Activity or experience. If applicable, include assignments or outside of the work, short course, conference or seminar showing the reasons to be attended.
3. Benefits of P.D. Activity. Explain how the activity or experience:
 - a) will assist you to reach your career/instructional goals.
 - b) will improve your teaching skills or professional status.
 - c) will benefit the College.

Fill out and sign the TRAVEL ADVANCE REQUEST EXTENSION REPORT

Submit application and form to your Department Head or Campus Director for signature and recommendation and then pass all information to the P.D. Committee Chairperson.

Allow one month for approval and processing.

Within two months from the end of your P.D. activity, submit an EXTENSION REPORT to the P.D. Committee before the deadline.

If the deadline cannot be met, the P.D. Committee will be notified in writing.

Failure to submit reports within the deadline will result in forfeiting the remaining 50% of funds. In addition, faculty will be ineligible for further funding until these are corrected.

Benefits of P.D. Activity:

1. How does it help you? Indicate the appropriate number (1-5) in the column of your choice.

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Will you be receiving funds from any other source for this activity?

Yes No

3. Have you received P.D. funds in the fiscal year (What fiscal year)?

Yes No

APPLICANTS, PLEASE DO NOT WRITE BELOW THIS LINE

APPROVAL RATED BY DEPARTMENT HEAD/ CAMPUS DIRECTOR

Department Funded: Yes No

Comments: _____

Signature: _____

DATE OF SIGNATURE: _____

P.D. COMMITTEE USE ONLY

APPROVED NOT APPROVED

Amount Available: APPROVED NOT APPROVED

Amount Requested: \$ _____ Signature: _____