**Professional Activity/Travel Request Form**

(PLEASE READ *PROCEDURES FOR PROFESSIONAL ACTIVITY/TRAVEL* located on the J: drive under Forms and Procedures/Travel Requests BEFORE COMPLETING AND SUBMITTING this form.)

\*Information in blue is only for activity/travel funded by Staff Development.

**FACULTY: PLEASE DISCUSS ANY SUBSTITUTE NEEDS WITH YOUR DEAN**

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| Date of Request:  |
| Pesron Attending/Sponsoring Activity **with Banner ID** |
| Requestor if different from above):  |
| Department/Division:  |
|  Classified [ ]  Management/Confidential [ ]  Full-Time Faculty [ ]  Part-Time Faculty [ ]  |
| Name of event & organization/sponsor:  |
| City:  State:  |
| Date(s) (if off campus, include activity and travel time):  |
| **Estimated Expenses: Totals:**  |
| Speaker/Trainer fee (on-campus events only)  |  |
| Registration |  |
| Airfare |  |
| Hotel: nights @ $/night |  |
| Mileage: total miles x .54 cents/mile |  |
| Meals: (please check per diem for your area) |  |
| Parking:  days @ $/day |  |
| Shuttle/taxi  |  |
| Rental car |  |
| Other (explain): |  |
| **Estimated grand total:** |  |
| **Total expected for reimbursement:** |  |

**(not to exceed $2000 per FT employee or $1000 for PT Faculty)**

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| **Justification**: A) Select the authorized uses below that best support your request (check all that apply) and the mission of Fullerton College “to prepare students to be successful learners”:[ ]  Improvement of teaching [ ]  Inter-segmental exchange programs[ ]  Retraining to meet changing institutional needs [ ]  Computer and technological proficiency programs[ ]  Maintenance of current academic/technical knowledge & skills[ ]  In-service training for vocational education & employment preparation programs[ ]  Development of innovations in instructional & administrative techniques & program effectiveness[ ]  Courses & training implementing affirmative action & upward mobility programs[ ]  Other activities determined to be related to educational & professional development |
| B) Briefly describe the objective of the activity and how it will benefit you and the work you do for the College.  |
| C) Briefly describe here how you plan to share the information you gained from the activity to your department/division or campus and also attach a more detailed **DISSEMINATION PLAN** as a separate document.  |
| D) Paste a link to the conference/activity website (if available/applicable).  |
| Provide any additional information that you would like the Staff Development Committee (SDC) to consider in their evaluation of your activity/conference, such as whether you will be a presenter at the conference.  |
| Submitting an activity/travel request form indicates that the person receiving funding has read, understands and agrees to the conditions for Staff Development (SD) funding explained at the bottom of the Procedures for Professional Activity/Travel Request found on the Staff Development website http://staffdev.fullcoll.edu/ ***Initial here***: |

**TO BE COMPLETED BY SD or IMS/DEAN/VP**

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| *COMPLETE ONLY FOR STAFF DEVELOPMENT FUNDING*Maximum available for reimbursement:       | Verified by:        | SD Budget#:       |
| *COMPLETE ONLY IF OTHER THAN OR IN ADDITION TO STAFF DEVELOPMENT FUNDING*Maximum approved for reimbursement:       | Verified by:       | Non-SD Budget#:      |

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| **Reviewed/Supported by:** |
| Funding Applicant Name:       Date:      *Forward as email attachment to Immediate Management Supervisor/Area Dean* |
| Area Dean Name:       Date:      *Forward as email attachment to AMezzano@fullcoll.edu for SD travel or to VP for non-SD travel.* |
| Staff Development Office/SDC Chair Name:       Date:      *Forward as email attachment to Dean responsible for SD Budget* |
| Dean Responsible for SD Budget Name:       Date:      *Forward as email attachment to Area Vice President* |
| Dean Responsible for non-SD Budget Name:       Date:      *(if different from Area Dean) Forward as email attachment to Area Vice President* |
| **Final Approval by:** |
| Area Vice President Name:       Date:      *Forward as email attachment to* *AMezzano@fullcoll.edu* *for processing for SD travel or to division office for non-SD travel.* |
| **Received/processed by:** Name:       Date:       |