**Professional Activity/Travel Request Form**

(PLEASE READ *DIRECTIONS TO APPLY FOR SD FUNDING* document located on our Travel website page: <https://staffdev.fullcoll.edu/travel/>

\*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:  |
| Person(s) Attending/Sponsoring Activity **with Banner ID** |
| Requestor if different from above):  |
| Department/Division:  |
|  Classified [ ]  Management/Confidential [ ]  Full-Time Faculty [ ]  Adjunct Faculty [ ]  Professional Expert [ ]   |
| Name of event & organization/sponsor:  |
| City:  State:  |
| Date(s) (if off campus, include activity and travel time):  |
| Maximum allowable reimbursement from SD funds is $2,000 for all employees per fiscal year. |
| Speaker/Trainer fee (on-campus events only)  |  |
| Registration |  |
| Airfare |  |
| Hotel: nights @ $/night |  |
| Mileage: total miles x .67 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:** |  |

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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:** |
| Applicant Name:       Date:      *Forward to Immediate Management Supervisor/Area Dean for approval and signature* |
| Immediate Management Supervisor Name: Date: *Provide an electronic/physical signature for approval* |
| Staff Development Office/SDC Chair Name:       Date:      *Submit your form via the Microsoft Form on our travel website page:* [*https://staffdev.fullcoll.edu/travel/*](https://staffdev.fullcoll.edu/travel/) |
| Dean Responsible for SD Budget Name:       Date:      *Forward to Area Vice President for final signature of approval* |
| Dean Responsible for non-SD Budget Name:       Date:      *(if different from Area Dean) Forward to Area Vice President for final signature of approval* |
| **Final Approval by:** |
| Area Vice President Name:       Date:       |
| **Received/processed by:** Name:       Date:       |