



CONFIDENTIAL/SUPERVISORS PROFESSIONAL DEVELOPMENT FUNDING REQUEST

NAME:	TITLE:	
EMAIL:	PHONE EXT.	DATE:
	DEPT.:	

I am requesting approval for funds for the following type of activity: (i.e. conference, workshop, seminar, webinar, etc.)

TITLE OF ACTIVITY: _____

DATE OF ACTIVITY: _____ Hours: _____

LOCATION: _____

Purpose of activity and relation to assignment at Allan Hancock College. What outcomes do you plan to achieve by participating in this activity? How do you think this activity will enhance your work at Allan Hancock College: (Please attach materials and/or documentation to support your request):

Are you willing to lead an activity or workshop upon completion, to share what you have learned as a result of this experience? ☐ Yes ☐ No ☐ Maybe

This is the first time I have requested PD Funds. ☐ Yes ☐ No (If NO, when were you last awarded _____)

Check all of the categories listed below that reflect the use of these funds:

- ☐ 1. Maintenance of current academic and technical knowledge and skills related to position if activity is not available through AHC.
- ☐ 2. Community Outreach opportunities
- ☐ 3. Management/Leadership trainings/team building
- ☐ 4. Communication/Customer Service trainings
- ☐ 5. Computer and technological proficiency programs
- ☐ 6. Trainings implementing equal employment opportunities, diversity and/or upward mobility programs
- ☐ 7. Wellness/Health/Classes on Wellness and Health

COST OF ACTIVITY:

Since a district travel request is required with your funding packet, please use the following space to include *any expenses that are not covered under the district travel request* and provide any documentation or explanation to assist the committee:

Total Estimated Cost from Travel Request: \$ _____ (cost not to exceed \$600)

Other expenses (Specify amount & explain): \$ _____

Explain: _____

Any other expenses (Related to Online Activities): \$ _____

Funds provided by other source (Grant, district, outside org.): \$ _____

TOTAL REQUESTED FUNDS: \$ _____

TOTAL PROGRAM COST: \$ _____

PROCEDURE AFTER THE ACTIVITY:

Awardees are responsible for completing and submitting to the Confidential/Supervisors PD Representative the following items within **10 days** after the date on which the conference occurred for reimbursement:

1. **District Travel Expense Claim Voucher** (Travel Expense) form
(found in the Doc/Forms Library by typing "Travel" on the Search by Name)
2. **Original receipts** from conference fees, lodging, transportation, etc.
3. Name badge or something to show your attendance

Initialing below, indicates you have read, understood and accept these terms:

___ I have completed the above forms needed before the conference and understand any incomplete forms may be returned or result in a delay or possible non-action in time for the scheduled event.

___ I understand the forms for reimbursement must be completed and submitted within 10 days after the scheduled event and any incomplete or late paperwork may result in a delay or rejection of my reimbursement.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF SUPERVISOR: _____ DATE: _____

FOR PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY

Date received: _____ Approved: _____ Not Approved: _____

Notification to Applicant: (Notifier and date Notified) .

BUDGET CODE : 122013 AHR 21000 675005

Signature of Confidential/Supervisors PD Representative

Date

Signature of Confidential/Supervisors PD Representative

Date

Distribution -

Business Services (original)

Confidential/Supervisors PD Chair (copy)