Staff Revitalization and Professional Conference Funds
A.C.E. CLASSIFIED STAFF APPLICATION
De Anza College Office of Staff and Organizational Development

Please download and complete this application on your computer (the Faculty and Staff Computer Lab, MLC-243, is available for those who need computer access). Using Acrobat Reader 8.0 or greater to fill in this application will allow you to SAVE the application, otherwise, don't forget to print a copy BEFORE you close this window (if using an Acrobat Reader version earlier than 8.0).

******************** **APPLICATION COVER SHEET** *************************

Your Name: **Extension or Daytime Phone #:**

I have included the following with my application (please check all that apply):

1 Application Cover Sheet

1 filled-in and signed original application (signed by myself and my dean or supervisor) (additional copies are no longer needed).

1 copy of the flyer, brochure, or web pages that shows conference fees and hotel costs, and a description of the activity.

A Yahoo/Google map showing the number of miles from the college or your residence to the activity (whichever is closer).

1 copy of a completed International Travel Authorization Form (if you are planning to travel outside of the United States).

APPLICATION DEADLINES 2012-2013

FALL Deadlines:	**WINTER Deadlines**	**SPRING Deadlines**
Tues., September 18	Tues., January 8	Tues., April 9
Tues., September 25	Tues., January 29	Tues., April 30
Tues., October 16	Tues., February 19	Tues., May 21
Tues., November 6	*[Spring Apps Start]*	*[Summer Apps Start]*
[Winter Apps Start]	Tues., March 12	Tues., June 4
Tues., November 27		

Revised 10/1/12

A.C.E. / CLASSIFIED STAFF APPLICATION

De Anza College Office of Staff and Organizational Development

APPLICANT

Name: **Today's Date:**

Division: **Work Phone:**

Department:

FHDA **Email Address:**

Check your Status: Classified/ACE **Classified Hourly/ACE**

ACTIVITY

Title of Proposed Activity:

Are you presenting at this activity? Yes **No**

Activity Date(s), Begins on: **Ends on:**

Activity Location, City: **State:** **Country:**

Check the appropriate description below for your activity:
- A. Less than 150 miles from campus/work site, a one-day event
- B. Over 150 miles from campus/work site, a one-day event
- C. Less than 75 miles from campus, a multiple-day event
- D. Over 75 miles from campus/work site, a multiple-day event

WHAT ARE THE EXPECTED OUTCOMES OF THIS ACTIVITY?

Please tells us specifically what you hope to learn or implement:

(i.e. create a system or process, develop new materials, improve your job skills, work collaboratively with colleagues from another college or university, etc.)

ITEMIZED ESTIMATED EXPENSES

Original receipts and proof of payment **in the applicant's name** are required for reimbursement of approved expenses. *Sharing hotel expenses? Each attendee must pay for their own portion of the hotel bill and have a receipt issued in their name.*

Conference/Seminar Fee: $

[Maximum **$500** for one-day activities less than 150 miles away from the work site, or less than 75 miles away for multiple-day events; maximum **$1000** for one-day activities more than 150 miles away from the work site, or over 75 miles away for multiple-day events]

_____

Transportation: Airfare OR Mileage $

[For events you are driving to and are^ @a@ᴂ s&ɭ•^¦ᴁ ᴂ@^Áç^}ᴆK
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Onter the **round-trip** milesᴂ[{Á@{^ᴆ[¦\ᴂᴂ@^Áç^}ᴆc   ;
Onter the number **of days** you will be driving back and forth to the event: .
Ueimbursementᴂ[^}ᴆc round-trip miles x # of days x $0.5ÍÍ/mile =   ]

Ground Transportation $

[Include public transit, round trip shuttle or taxi expenses from airport to hotel, or car rental, where applicable]   *For local events, the committee recommends using public transportation where possible.*

_____

Meals for All Days of the Activity $

[Maximums per day: Breakfast - $10, Lunch - $15, Dinner - $30. Actual receipts do not need to be turned in. *Meals provided by the conference as part of the conference fee are not reimbursable. Meals must be paid for by attendee; District ProCards may not be used for meals.*]

_____

Lodging $

# of nights @ $ per night (include estimated taxes) =

[Only for activities 75 miles or more away from the college.]

_____

                                        Total Costs: $
_____

                                        AMOUNT REQUESTED: $

Please identify any additional funding that you will be using for this activity (college grants, VTEA, B Budget, personal funds, etc.)

                                                                                          _____

Fund Index Code   Fund Description   Amount   Mgr's Initials

The committee strongly recommends that the applicant and manager discuss in advance how the time away from the workplace for this activity will be reflected on the applicant's timesheet, if at all.

Signature of Applicant: _____

I understand that, unless approved at the time of this application, other college funding will not be available for this activity, and all expenses must be submitted on one trip voucher.

Signature of Supervisor: _____   Date: _____

_____ *I certify that this applicant is not probationary and not on Staff Development Leave.*

Comments: _____

                      _____