



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 (Faculty and Staff Computer Lab, LCW-16, is available for those who need computer access). **You must use Adobe Acrobat (or Acrobat Reader 5.0 or greater) to fill in this application. Don't forget to print a copy BEFORE you close this window, as Acrobat Reader does not allow you to save the document.**

\*\*\*\*\* **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)

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).

7 additional copies of the application (printed back-to back).

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

**APPLICATION DEADLINES 2011-2012**

**FALL Deadlines:**

Tue., September 20  
Tue., September 27  
Tue., October 18  
[Winter Apps Start]  
Tue., November 8  
Tue., November 29

**WINTER Deadlines**

Tue., January 10  
Tue., January 31  
Tue., February 21  
[Spring Apps Start]  
Tue., March 13

**SPRING Deadlines**

Tue., April 10  
Tue., May 1  
Tue., May 22  
[Summer Apps Start]  
Tue., June 5

**REC'D:**

**FOR OFFICE USE ONLY**

**APP NUMBER:**

Board Mtg Date For International Travel Approval: \_\_\_\_\_

\_\_\_\_\_  
Director, Staff and Organizational Development

☐

Approved / Max Amount \$ \_\_\_\_\_

☐

Not Approved

Date: \_\_\_\_\_



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**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 tell 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]

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**Transportation: Airfare OR Mileage** \$

[For events you are driving to indicate which is closer to the event:  
your residence:      or your worksite

Enter the **round-trip** miles from home/work to the event:      ;

Enter the number of **days** you will be travelling to the event:      .

Reimbursement amount: round-trip miles x # of trips x \$0.555/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.*

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**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.*]

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**Lodging** \$

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

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

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**Total Costs:** \$

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**AMOUNT REQUESTED:** \$

*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.*

Please identify any additional District funding that you will be using for this activity (i.e. college grants, VTEA funds, Impact/AAPI, B Budget, etc.), as they must be submitted on the same trip voucher (name of fund/amount approved):

**Signature of Applicant:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Comments:** \_\_\_\_\_

\_\_\_\_\_