



Staff Revitalization and Professional Conference Funds
FACULTY APPLICATION
 De Anza College Office of Professional Development

This is a fillable form: download and complete this application on your computer. Don't forget to print a copy BEFORE you close this window. Please print application on ONE SIDE ONLY, NO STAPLES, as the applications have to be scanned. **CONFIRMATION of funding will be sent via District Email only.**

APPLICANT

Name: _____ **Today's Date:** _____
Division: _____ **CWID#:** _____
Department: _____ **Day/Work Phone:** _____
FHDA E-mail: _____
Check your Status:

- Full-Time Faculty**
- Part-Time Faculty** (must have established re-employment preference)

ACTIVITY

Title of Proposed Activity: _____
Are you presenting at this activity? Yes No
Activity Start Date: _____ **Activity End Date:** _____
Activity Location, City: _____ **State:** _____ **Country:** _____

APPLICATION SUBMISSION 2018 – 2019

Applications will be reviewed by the committee every 2 weeks until the funding allocated for the quarter is depleted. Please submit your application 3 – 4 weeks ahead of your activity to allow ample time for yourself and the review process.

- Fall Quarter applications will start to be reviewed on September 26*
- Winter Quarter applications will start to be reviewed on November 7*
- Spring Quarter applications will start to be reviewed on February 13*
- Summer Quarter applications will start to be reviewed on May 15*

REC'D: <input style="width: 80%;" type="text"/>	FOR OFFICE USE ONLY
APP NUMBER: <input style="width: 80%;" type="text"/>	Chancellor's Approval For International Travel: Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Director, Office of Professional Development	
<input type="checkbox"/> App Approved / Max Amount \$ _____	<input type="checkbox"/> App Not Approved _____

ITEMIZED ESTIMATED EXPENSES

Original receipts and proof of payment in the **applicant's name** are required for reimbursement of approved expenses.
Please double-check that all your calculations are correct before submitting your final application.

		Support Documents Needed
CONFERENCE/ACTIVITY REGISTRATION FEE Conference or activity fee: \$ Pre-conference, post-conference or extra workshop fee: \$ Date of Early-Bird Registration Deadline, if any: Total: \$		<i>Attach:</i> A brochure/webpage with the activity description and registration fee(s).
AIRFARE Airfare, including taxes and fees Total: \$ <i>If using an estimate, choose the moderately priced option to give yourself adequate budget.</i>		<i>Attach either (check one):</i> Airfare estimate OR Airfare receipt
MILEAGE, if driving to your activity: Enter round-trip miles Enter # of trips If driving more than 300 miles round trip to your conference/activity, you will be reimbursed at the economy airfare rate to your destination, OR for the total round trip miles, whichever is the lesser amount. [If the lesser amount is the economy airfare, enter it above, in Airfare.] <i>Current IRS Mileage Rate = \$0.545</i> Total Driving: \$		A Google Map showing the one-way mileage from home or from work, whichever is closer is attached. Economy airfare estimate is also attached (if driving over 300 miles)
GROUND TRANSPORTATION Car Rental: \$ Ground Transportation (Shuttle, BART, CalTrain, Uber, Taxi, etc.): \$ Bridge and/or Lane Tolls: \$ Parking: \$ <i>Documentation only needed for car rental.</i> Total: \$		<i>Attach either (check one):</i> Car rental estimate OR Car rental receipt
LODGING [Only for activities 75 miles or more away from the college; \$250/night maximum.] Sharing hotel expenses? Each attendee must pay for their own portion of the hotel bill and have a receipt/itemized statement issued in their name. # of nights of lodging needed: Base room rate per night : \$ Taxes per night : \$ <i>(If not showing on a webpage, use base room rate x 20%)</i> Total: \$		<i>Attach either (check one):</i> Lodging estimate OR Lodging receipt
OTHER APPROVED EXPENSES Total: \$ Description:		<i>Attach either (check one):</i> Estimate/Validation OR Receipt
Total Costs: \$		
AMOUNT REQUESTED: \$		

OTHER FUNDING

Identify any additional college funding that you will be using for this activity (college grants, Perkins, B Budget, etc.)			
Fund Index Code	Fund Name/Description	Amount	Mgr's Initials

ACTIVITY CATEGORY

To assist the College in its accountability to the State's Chancellor's Office in the use of AB1725 funds for professional development activities, please **check the boxes** below for all of the categories that apply to this activity.

Provide additional training and education to support the diverse student body of the college.

Develop new and innovative programs by engaging in professional and discipline-based associations.

Intellectual engagement with colleagues that helps create a vibrant and rich intellectual life.

Training to ensure that student services support is provided in the areas of counseling, reading and computational assessment and evaluation, financial aid assistance, providing and directing tutorial services, providing outreach into local community providing information to continuing students.

PROVIDE THE COMMITTEE WITH SHORT ANSWERS TO THESE QUESTIONS:

Provide short answers for the following questions. A well-written and thoughtful response provides specific details and examples.

1. What value does this activity bring to the college in furthering current and future directions in curriculum, instructional methodology, online education, student services, and/or management?
2. What value does this activity bring to you in updating your instruction, student services, or management role?
3. What is your plan for effectively disseminating/implementing information and skills you anticipate you will acquire?

Signature of Applicant: _____

I understand that, unless approved at the time of this application, other college budgets will not be available for this activity.

Signature of Dean/Supervisor: _____

_____ ***I have discussed this application with the applicant and support committee approval.***

_____ ***I certify that this part-time faculty member has re-employment preference.***

_____ ***I certify that this faculty member is not currently on Article 19.***

_____ ***I do not feel this application enhances our division/work unit goals at this time and do not approve this application.***

Comments: _____

Denial Review Process: VP's Approval: _____ Yes _____ No Initials: _____

President's Approval: _____ Yes _____ No Initials: _____