

CAÑADA COLLEGE PROFESSIONAL DEVELOPMENT APPLICATION

Faculty

Conference/Workshop or Extended Leave

The Professional Development Program provides Faculty opportunities to update, retrain, and broaden their expertise to meet our students' current and future needs per college priorities. Professional Development funds are allocated on a fiscal year basis (July 1 – June 30). Funding is limited; therefore, funding amounts are subject to change. Applications are approved on a first-come, first-serve basis.

Applicant	
Name:	Today's Date:
G#:	Division/ Org #:
Faculty Status <i>(select one)</i> :	Application Type <i>(select one)</i> :

Conference/Workshop	
Title:	
Date(s):	to Is this a mandatory training? Y N
Location (City, State):	Have you attended this conference/workshop before? Y N

Estimated Conference/ Workshop Expenses	
Registration/ Fees	
Travel <i>(not to exceed \$2,500 per academic year)</i>	
Transportation (Airfare/ Taxi/ Ride-Share/ Mileage/ Tolls/ Parking)	
Lodging	
Meals <i>(use Per-Diem worksheet below)</i>	
TOTAL	

For an ADVANCE check request. Please complete and submit the [Conference Advance Form](#) with this application.

Submit the application and supporting documents to your Division Office at least **30** days prior to the conference date.

I have read and understand the procedures of the Professional Development funding application, including the SMCCCD travel policies ([Domestic/ International](#)). I understand that I need to submit all the following: 1. Application, 2. Personal Statement, and 3. Statement of Conference Expense form. I take responsibility for the fees accrued beyond those approved on this application. I agree to the terms and conditions of submitting this application.

Employee Signature: _____

Division Office Use	
Application Recommendation: I recommend APPROVAL of this application I DO NOT recommend approval	
Will the instructor be replaced? Yes No	
Replacement Cost: Lecture/Non-Instructional Rate: \$ _____ X _____ # of hours = \$ _____ Lab Rate: \$ _____ X _____ # of hours = \$ _____ Special Rate: \$ _____ X _____ # of OFFICE hours = \$ _____ Estimated Benefits: salary \$ _____ X _____ benefits % = \$ _____ <div style="text-align: right;">Total Replacement Cost = _____</div>	
Units Release Time: _____ for _____ semester/ year.	Substitute Name: _____
Comments/Relevance of Application to the Division: _____	
Dean Signature: _____	

----- Professional Development (PD) Approvals -----

Business Office: Reviewed By:

Approved Denied	Comments:	Approved Denied	Comments:
Committee Chair Signature:		President Signature:	

Total Conference/ Workshop Expenses: _____ Total Faculty Replacement Cost: _____ <div style="text-align: center;">Total PD Funds Requested:</div>	
Professional Development Approved Amount:	Professional Development Fund Account # (FOAP):
Remaining balance (Division Funds):	Division Fund Account # (FOAP):

Per-Diem Calculation Worksheet

(effective Jan. 1, 2024)

Employee Name:

Conference Date(s): to

							Total
Date(s)							
Breakfast @ \$15							
Lunch @ \$22							
Dinner @ \$33							
Total							

Meals

1) **Only** per-diem is permissible for qualified meals during approved travel. All qualified meals are reimbursed at the District set per diem rate and shall not be charged on the District procurement card.

2) The current per-diem rate is up to \$70 at the maximum for each day of the trip – please note that taxes, tips and room service charges are included in the per-diem calculation. Partial per-diem reimbursements as noted below shall apply:

Per-diem meal allowance:

Breakfast	\$15
Lunch	\$22
Dinner	\$33

Depending on the travel start and end times, the employee may be entitled to the whole per- diem or just part of it – breakfast, lunch or dinner. For local conferences, the event start and end time will be used to determine the meal per-diem reimbursement.

Event or Flight time starts...employee can claim	Breakfast	Lunch	Dinner
Before 12 noon	X	X	X
Between 12 noon and 6pm		X	X
After 6pm			X

Event or Return flight time ends... employee can claim	Breakfast	Lunch	Dinner
Before 12 noon	X		
Between 12 noon and 6pm	X	X	
After 6pm	X	X	X

3) Meals included as part of the conference registration fees shall be noted on the Statement of Conference Expense Form and shall be excluded from the per-diem. The employee will not be reimbursed a per-diem for any meals that are included in the cost of registration regardless of whether or not the employee eats the meal. In rare cases when the employee requires special meals due to health conditions, the employee shall be reimbursed only if adequate receipts are provided for any extra meals purchased in lieu of the meals included in the registration fee. When dining with another District employee or agent who receives reimbursement for his/her expenses, if one of the employees covers the cost of the other, the employee who did not pay will have his/her reimbursement adjusted by the per diem portion of that meal.