Faculty Professional Development Information and Procedures

Cañada College

Please review the following information prior to completing the application. Approval of the application is contingent upon availability of funds. Submit your application to your division dean for review and approval **thirty (30)** days before the event. All forms are available online at https://www.canadacollege.edu/professionallearning/faculty.php

Purpose:

To update, retrain, and broaden faculty expertise to meet current and future needs of our students in accordance with college priorities. For more information, please refer to the AFT contract, Article 13, Professional Development Program.

*Professional Development travel funds will cover a maxiumum of $2,500 per applicant, per year.

Deadlines and Eligibility:

- **Conference/Short Term** Applications are accepted by **May 26.**
  Short term funding is available to full-time and adjunct faculty members.

- **Long Term Applications**
  •Spring projects are accepted by **October 13th**.
  •Fall projects are accepted by **March 5th.**
  Long term funding is available to full-time faculty members.

- **Extended Leave** proposals are accepted by **March 1st.**
  Extended leave funding is available to full-time faculty members.

* Non-attendance of the conference/workshop will not be reimbursed.

Covered Expenses:

1. Registration Fee

2. Faculty Replacement

3. Tuition Fee

4. Travel Expenses

   - Transportation (airfare, *mileage, other)

   - Car Rental/shuttle/bus/taxi fare

   - Lodging (room charges and taxes only)

   - **Meals (up to $60 per day per diem)

   - Miscellaneous (tolls and parking charges)

Proof of estimated covered expenses MUST be included in the application.

*Mileage calculation must be included in your application and is estimated as roudtrip from Cañada College OR home, whichever is closer to the conference site.

**Requires itemized receipts and agenda or other documents stating meals were not provided at the conference.

*Submit your **application and supporting documentation** to your division dean 30 days or more prior to your conference. It will be forwarded to the Office of Instruction for the professional development committee's review. The committee's decision will be sent to your smccd.edu email address.*

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Include an information flyer to show proof of the conference, fee schedule, and estimated expenses listed under Covered Expenses.

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Form must be completed and submitted along with your PD application even if you are not requesting an advance.

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Compose at least 1 page addressing the topics below and attach to your application:

- A) Benefit to the College

- B) Enhancement to existing course or program area (a plan for sharing the results of the activity)

- C) Personal enrichment

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Address the topics below and attach to your application:

- A) An outline of the planned project, program, activity or work experience including a statement of purpose and objectives

- B) A description of the activity involved

- C) Enhancement to existing   course or program area (a plan for sharing the results of the activity)

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- If you are applying for basic skills funds, please add a brief paragraph to your proposal explaining how your project relates to basic skills.

- You must contact the basic skills committee and academic senate for the supplemental fund to inform them that an applicaon is forthcoming.

*Submit your **Statement of Conference Expense form and supporting documents** listed below to your division dean 10 days after to your conference. It will be forwarded to the Office of Instruction to process the reimbursement.*

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- Attach **original receipts and proof of payment such as credit card statment or copy of the check** for registration fee, airfare, and/or lodging.

- Attach **conference agenda** and, if meals are to be reimbursed, indicate which meals on which days you are requesting reimubrsement for.

- Attach **proof of mileage calculation** such as Yahoo, Google, or MapQuest for mileage expense.

- If you received an advance check or paid for expenses using a Procurement Card the **advance check number or c document number** is required.

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This is **k-j y⊛-)** for Long Term projects; *OPTIONAL* for Short Term projects. Submit this report to your division dean. Click here for the form.

Suggestions:
If you attend the same conference annually, you should apply as soon as you receive information about the conference.

Questions:
If you have questions, please contact Lisa Palmer, professional development committee chair at (650) 306-3221 or palmer@smccd.edu professional development is governed by the AFT contract; please refer to your contract or view it online at htt p://www.aft1493.org

Professional Development Application

Cañada College

Please review the information and procedures page before completing this application. Submit your complete application, including personal statement and proof of conference expenses to your division dean for review and approval thirty (30) days before the conference/workshop. Thorough completion of the application will expedite review.

Applicant Information

Employee Name: G #: Phone Ext: Division/Org: Faculty Status:　　　FT　　　Adjunct	Requesting funds from: 　　Professional Development 　　Basic Skills 　　Academic Senate	Application Type: 　　Short Term 　　Long Term 　　Extended Leave (Sabbatical)

Are you requesting an advance check?
　　Yes　　　　　　No
If yes, Amount Requested:

Conference Information

Conference Title:　　　　　　　　　　　　　　　　　　Conference Date:

Conference Location (City, State):

Conference Expenses (include proof of estimated expenses):

Registration Fee: .……………………………………..

Travel:
not to exceed $2,500 per applicant, per academic year
　　　　Transportation (airfare, mileage, other) ……………..
　　　　　Mileage calculation is the total number of miles x $0.545
　　　　Car Rental (and/or shuttle/bus/taxi)……………………..
　　　　Lodging (room charges & taxes only) ……………….
　　　　Meals (# of days x per diem) ……………………………..
　　　　　Meal breakdown: $10 breakfast, $20 lunch, $30 dinner
　　　　Miscellaneous (Tolls/ Parking) …………………………..

Tuition Fee: ………………………………………………..

Instructional Replacement Cost: ………………………..
See page 4 for breakdown

TOTAL EXPENSES:

I have read and understand the procedures of the professional development funding application, including the SMCCCD policies on travel outline here. I understand that I need to submit all of the following:
1. Application, 2. Personal Statement, and 3. Statement of Conference Expense form.
I take responsibility for the fees accrued beyond those stated on this application.
I agree to the terms and conditions in submitting this application.

Signature:　　　　　　　　　　　　　　　　　　　　**Today's Date:**

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Division Dean

A.   I recommend APPROVAL of this application.

B.   I DO NOT recommend approval of this application.

C.   Instructor WILL NOT be replaced.

D.   Instructor WILL BE replaced and the following is the replacement cost:

Number of hours: at Lecture/Non-Instructional Rate of   =

Number of hours: at Lab Rate of   =

Number of OFFICE hours: at Special Rate of   =

Estimated benefits (salary x 8.1 %)   =

Total Cost

Units Release Time: for   semester/year. Name of substitute:

Comments/relevance of application to the Division:

Division Dean Signature: **Today's Date:**

Office of Instruction

Date application received: Account to Charge:

Registration Fee:

Travel (total):

Tuition Fee:

Instructional replacement cost:

Total Expenses:

Processed by: **Today's Date:**

Committee Chair

Approved   **Denied**

Comments:

Committee Chair Signature: **Today's Date:**

College President

College President Signature: **Today's Date:**

**SAN MATEO COUNTY
COMMUNITY
COLLEGE DISTRICT**

Conference Advance Form

Skyline   **Cañada**   **CSM**   **District**

Employee Name

Employee Signature   **Date**

G #   **Division/ORG**

Supervisor Signature   **Date**

Payable DIRECTLY to Organization

Administrator Signature   **Date**

Organization ID #
[W9 required for all new vendors]

Budget Officer Signature   **Date**

SMCCCD Account Distribution/s (FOAP)

President/Chancellor Signature   **Date**
(ONLY IF OUT OF STATE)

Title of Conference

Date/s of Conference   **Location of Conference (City, State)**   **Date Required**

Estimated Expenses: **Amount:**

Conference Registration Fees

Transportation (airfare, mileage, other)

Car Rental and/or shuttle/bus/taxi fare

Lodging (room charges and taxes only)

Meals (# of days x $60.00 per diem)

Miscellaneous (Tolls, Parking, Business
Phone Calls, specify others)

TOTAL Estimated Expenses:

TOTAL ADVANCE REQUESTED:

*This form must be submitted to the College Business Office at least three weeks prior to conference date to allow
reasonable processing time. Please note that only one check per event will be processed.*
Claimants are required to submit a Statement of Conference Expense form no later than 30 days after the conference.

Campus Representative Initials:

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