



## STAFF DEVELOPMENT PROPOSAL FORM

Submit hardcopy proposal with signatures to the Office of Human Resources & Employee Relations.

Name: \_\_\_\_\_

Date Proposal Submitted: \_\_\_\_\_

Email: \_\_\_\_\_@avc.edu

Phone #: \_\_\_\_\_

Div./Dept: \_\_\_\_\_

Full-time Faculty  Adjunct  Admin.

Classified  Conf./Mgt./Supv.

### **Project Title:**

(Seminar/Conference Title; Course Title; or Project Title for activities involving travel activities that are not predefined) (Do not use acronyms or abbreviations)

### **Date(s) of Project:**

### **Location(s):**

From: \_\_\_\_\_

City/State: \_\_\_\_\_

To: \_\_\_\_\_

### **Budget Expenses: **Must attach supporting documentation for applicable fees.****

Fees/Tuition: \_\_\_\_\_

Travel: \_\_\_\_\_

Hotel: \_\_\_\_\_

Meals: \_\_\_\_\_

Misc.: \_\_\_\_\_

### **TOTAL:**

Reimbursement contingent upon Board approval and submission of receipts up to a maximum of \$1750.

**A copy of the relevant conference materials must be attached.**

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**Description:**

A. Description of Current Assignment which will be impacted by this project:  
(Include references to applicable program reviews, EMP's, SLO's, OO's, etc....)

B. Description of Project Objectives:

C. Description of How Project Activity Will Meet Objectives:

D. Description of Anticipated Outcomes for Yourself and Students:

E. How will you share this information?

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Professional discussion        | <input type="checkbox"/> Written distribution  | <input type="checkbox"/> FPD Activity |
| <input type="checkbox"/> Staff or departmental meetings | <input type="checkbox"/> Students in classroom |                                       |

How will missed classes or assignments be covered, if applicable?

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Print Signature

*Please do not write below this line*

\*\*\*\*\*

- Approved  Denied  Returned for Additional Information

**Staff Development Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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