



STAFF DEVELOPMENT PROPOSAL FORM

Submit complete proposal to the Office of Human Resources & Employee Relations

Contact Information:

Name: _____

Proposal Submission Date: _____

Phone #: _____

Position: _____

Email: _____@avc.edu

Full-Time Faculty Adjunct Admin.

Office/Division/Area: _____

Classified Conf./Mgt./Supr.

Project Title: Seminar/Conference Title; Course Title; of Project Title for activities involving travel activities that are not predefined. (Please do not use acronyms or abbreviations)

Date(s) of Project:

From: _____ To: _____

Location(s):

City/State: _____

Attendees:

Is someone else attending the same conference/workshop? Yes No

If yes, who? _____

Budget Expenses: Attach supporting documentation for applicable fees

Explanation	Amount
Fees/Tuition	_____
Travel: _____	_____
Hotel:	_____
Meals:	_____
Misc.: _____	_____
Total:	=====

Reimbursement is contingent upon Board approval & submission of receipts up to a maximum of \$1,750.

A copy of the relevant conference materials must be attached.

Continue on next page >

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?

- Professional discussion Written distribution FPD Activity
 Staff or departmental meetings 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:** _____