



STAFF DEVELOPMENT PROPOSAL FORM

Submit complete proposal with signatures to the Office of People, Culture, and Talent.

Contact Information:

Name: _____
 Phone #: _____
 Email: _____@avc.edu
 Office/Division/Area: _____

Proposal Submission Date: _____
 Position: _____
 Full-Time Faculty Adjunct Admin.
 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.

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 Anticipated Outcomes:

D. How will you share this information?

Professional discussion
Staff or department meetings

Written distribution
Students in classroom

FPD Activity
Other: _____

Explain:

E. If applicable, how will missed classes or assignments be covered, if applicable?

Applicant's Signature: _____

Date: _____

Supervisor's Approval and Justification:

Supervisor Name: _____ *Signature:* _____ *Date:* _____

Staff Development Committee Use Only: Received Date: _____

Approved

Denied

Returned for Additional Information