GROSSMONT COLLEGE Professional Development Travel Funding Application Procedure for 2024-2025



the office of professional development faculty professional development committee classified staff professional development committee collegewide professional development committee

The College has limited funding available to Full Time Faculty, Adjunct Faculty, and Classified Professionals for conferences and training. Faculty and Classified Professionals may request up to \$700 annually (academic calendar) from the Professional Development Travel Fund to support travel to discipline specific and/or job- related conferences, training, and workshops. Faculty may request funds AND receive Professional Development Credit for conference attendance. The purpose of the funding is to enrich teaching and learning and/or to enhance skills/knowledge in job applicable skills. Any costs incurred over the \$700 must be covered by the individual(s) applying for the funding or through additional college resources that the requestor(s) must secure separate from this request. In other words, approval of funding request does not imply approval of any costs over the \$700.

Plan to request funds or make a travel request at least 6 weeks prior to the conference date. Justification to attend the conference, training, or workshop is required. Incomplete requests cannot be processed. You will need to submit the following to your Division Dean / Manager:

- Conference Attendance/Travel Fund Request form (below)
- Request for Attendance at Off-Campus Activity," form (below)
- ❖ Use Account 1340002---5210 and indicate Professional Development
- Documentation regarding the professional value of the conference:
 - Link to Conference Website that includes: Name and description of conference, Conference Dates, Conference Location, Agenda Activity including the description of offerings. Meals cannot be reimbursed from this fund.
 - Documentation of Costs (if making a funding request) including:
 - Conference Registration Fees
 - Lodging reservation quote (including cost of parking)
 - Transportation quote (MapQuest/Google Maps, and/or flight, train, shuttle, etc.)
 - *Note: GCCCD mileage rate for 2023 is 65.5 cents per mile.
 - *Note: Meals cannot be reimbursed from this fund.

Routing Information

- Return completed packet for signatures to your Division Dean
- Your Division Dean's office will route your completed packet to the Professional Development office to process the funding request.
- The Professional Development Office will do a budget check in order to approve the request.
- Once approved, the request will be routed to the President's cabinet for approval to travel.
- Once your travel request has been approved, you will receive an email communication from the Grossmont Business Communications Services office (grossmontbcs@gcccd.edu) with your approved travel request. *Please know the process can take 4 to 6 weeks. Please be advised that travel is NOT approved until the approved paperwork is returned.

To be reimbursed for Travel, submit the following within two weeks after travel is completed:

- * Report on Conference Attendance submitted to: https://gcccd.co1.qualtrics.com/jfe/form/SV cx3r3s1Sp7zhJLo
- Create an Expense Report in Workday (Please see the Expense Report training manual available in Workday)
- Upload the following items to your expense report
 - o Copy of approved Request for Attendance at Off-Campus Activity form received from grossmontbcs@gcccd.edu
 - Hotel folio/receipt (Credit card receipts are not acceptable)
 - Transportation MapQuest/Google Maps for mileage (.655 per mile), and/or airline, train, shuttle, taxi receipts.
 - Scanned copies of parking receipts
 - Conference Registration receipt
 - Other original itemized receipts as approved
- Professional Development funding does not cover food expenses, however other funding sources do so please note alcoholic beverages may not be reimbursed and such items may not appear on receipts. Please request a separate receipt for items you wish to be reimbursed for. Please only submit information/documentation for reimbursable expenses that were approved.

Conference Attendance/Travel Fund Request Form

Signatures:___



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Name	col	legewide professional development committee					
Date							
DepartmentDivi	sion/Unit						
☐ Full time Faculty ☐ Adjunct Faculty	☐ Classified Staff	☐ Administrator					
I am requesting funds from the Professional Develo (Please identify request amount below)	ppment Travel Fund						
Lodging Other Total PC	Funds Requested						
I plan to use attendance at this conference to satisfy (Please indicate number of hours requested. 6 hou		pment obligation					
 Conference Attendance Policy/Procedures: Submit application for funding and all documentation \$500 maximum reimbursement per academic year for professionals. Faculty conferences must be in discipled approved training. Classified conferences must be remanager. Submit all required forms to the Division Dean's Office Late submittals must include a written justification extended. If request is denied, applicant will be informed of the given the opportunity to appeal. A Report on Conference Attendance is required for remust be submitted to the Office of Professional Development. I Have Read the Policy and Agree to the Procedures Above 	r full time faculty, adjunct fine, discipline related, curriclated to job description and e at least six weeks prior to plaining the delay and may denial by the appropriate Cimbursement. This Report opment within two weeks	aculty, and classified culum methods, or d approved by the unit the conference start date. not be processed. Committee Chair and will be and Travel Expense Claim forms					
, -							
Print Name Signature		Date					
Supervisor / Department Chair Signature		Date					
Action Taken (to be completed by the Professional Developme Approved on:Reimbursement Amount:	•						
Denied on:							
Appealed on: Outcome of Appeal:							

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT REQUEST FOR ATTENDANCE AT OFF-CAMPUS ACTIVITY

GCCCD Office
Cuyamaca College
☐ Grossmont College

District 001

NAME				DATE	
Ple	ease Type or Print				
This is to request institutional per	mission to attend the	e activity descril	bed below:		
Title of activity:					
Sponsoring agency:					
Place of activity:		Dates and tim	nes of activity:	:	
Professional value:					
Is this a Staff Development Activit After attending this activity, I woul			to other staff	if appropriate: Yes	No 🗌
ESTIMATED COST					NTS AND CLAIMS (to be used
LODGING:				by site Business Offic	ee only)
MEALS:					
TRANSPORTATION:					
REGISTRATION:					
OTHER:				TOTAL PAYMENTS: _	
TOTAL AMOUNT REQUESTED:	:				
	FUNDING AUT	THORIZATIONS	S AND TRAV	EL APPROVALS	
<u>Descriptions</u>	Account Number		Amount Requested	Amount <u>Approved</u>	Approval of Funding
					-
	-	TOTAL:			
Reimbursable by outside source:	Name of	Agency		Responsibility for Billing	
Site Business Officer		Dean/Director/Supervisor			
President/Vice Chancellor/Chance	<u>ellor</u>				

Rev 7/15/10