

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



**GROSSMONT COLLEGE**

*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](mailto: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](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
  - Copy of approved *Request for Attendance at Off-Campus Activity* form received from [grossmontbcs@gcccd.edu](mailto: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



GROSSMONT COLLEGE

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classified staff professional development committee

collegewide professional development committee



Name \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_ Division/Unit \_\_\_\_\_

Full time Faculty       Adjunct Faculty       Classified Staff       Administrator

**I am requesting funds from the Professional Development Travel Fund**  
(Please identify request amount below)

Travel \_\_\_\_\_

Conference Registration \_\_\_\_\_

Lodging \_\_\_\_\_

Other \_\_\_\_\_

Total PD Funds Requested \_\_\_\_\_

**I plan to use attendance at this conference to satisfy my professional development obligation**  
(Please indicate number of hours requested. 6 hours per day maximum)

**I will be requesting a substitute**

### Conference Attendance Policy/Procedures:

1. Submit application for funding and all documentation at least six weeks prior to conference date.
2. \$500 maximum reimbursement per academic year for full time faculty, adjunct faculty, and classified professionals. Faculty conferences must be in discipline, discipline related, curriculum methods, or approved training. Classified conferences must be related to job description and approved by the unit manager.
3. Submit all required forms to the Division Dean's Office at least **six weeks prior to the conference start date**. Late submittals must include a written justification explaining the delay and may not be processed.
4. If request is denied, applicant will be informed of the denial by the appropriate Committee Chair and will be given the opportunity to appeal.
5. A Report on Conference Attendance is required for reimbursement. This Report and Travel Expense Claim forms must be submitted to the Office of Professional Development within two weeks of travel

### ***I Have Read the Policy and Agree to the Procedures Above***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor / Department Chair Signature

\_\_\_\_\_  
Date

### Action Taken (to be completed by the Professional Development Office):

Approved on: \_\_\_\_\_ Reimbursement Amount: \_\_\_\_\_

Denied on: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Appealed on: \_\_\_\_\_ Outcome of Appeal: \_\_\_\_\_

Signatures: \_\_\_\_\_

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

- GCCCD Office
- Cuyamaca College
- Grossmont College

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Please Type or Print

This is to request institutional permission to attend the activity described below:

Title of activity: \_\_\_\_\_

Sponsoring agency: \_\_\_\_\_

Place of activity: \_\_\_\_\_ Dates and times of activity: \_\_\_\_\_

Professional value: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a Staff Development Activity?: Yes  No

After attending this activity, I would be willing to make a presentation to other staff if appropriate: Yes  No

**ESTIMATED COST**

LODGING: \_\_\_\_\_

\*Half day \$30 x \_\_\_\_\_ days= \_\_\_\_\_

MEALS: \*Full day \$60x \_\_\_\_\_ days= \_\_\_\_\_

TRANSPORTATION: \_\_\_\_\_

REGISTRATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

**TRAVEL PREPAYMENTS AND CLAIMS (to be used by site Business Office only)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL PAYMENTS:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

\*Must include conference agenda

\*Conferences in San Diego County are half day only

**FUNDING AUTHORIZATIONS AND TRAVEL APPROVALS**

<u>Descriptions</u>	<u>Account Number</u>	<u>Amount Requested</u>	<u>Amount Approved</u>	<u>Approval of Funding</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL:</b>		_____	_____	_____

Reimbursable by outside source: \_\_\_\_\_  
Name of Agency \_\_\_\_\_ Responsibility for Billing \_\_\_\_\_

Site Business Officer \_\_\_\_\_ Dean/Director/Supervisor \_\_\_\_\_

President/Vice Chancellor/Chancellor \_\_\_\_\_