



Conference Delegation Interest Form

EMPLOYEE INFORMATION

Your Name: _____ Banner ID #: _____

Division and Department or Office: _____ Job Title: _____

Adjunct Faculty Classified Professional Confidential
 Full-Time Faculty Manager Supervisor

CONFERENCE INFORMATION

Name of Conference: _____

Are you presenting at the Conference/Workshop? Yes No

If yes, what is the title of your presentation/session? _____

Are you an Executive Officer or Board Member for the organization hosting the conference/workshop? Yes No

PROFESSIONAL PRACTICE AND INSTITUTIONAL IMPACT

How do you anticipate applying the knowledge, practices, or insights gained from this conference directly to your role at Citrus College? In your response, please describe:

- The specific strategies, practices, or ideas you expect to implement or explore, and
- How this application will support student success, equity, inclusive excellence, or institutional effectiveness

COMMITMENT TO SHARING INFORMATION LEARNED

The employees selected are asked to commit to sharing their learning with the broader institution, ensuring that others have the opportunity to benefit from the experience through presentations, conversations, or other knowledge-sharing opportunities. Select all that apply:

- I will attend a planning meeting with delegation members before the conference
- I will attend a debrief meeting with delegation members after the conference
- I will apply the information I learn during this conference in my role at Citrus College

Please share any suggestions, traditional or innovative, for how delegation members can disseminate conference insights and learning with employees across the college community.

TRAVEL ARRANGEMENTS/REIMBURSEMENT

1. If driving, the employee certifies they have liability insurance on their vehicle and will assume and provide proof of financial responsibility within ten (10) days if they are involved in an accident while on official District business, resulting in damage over \$1,000 (reference section 16000 of the California Vehicle Code). The employee understands that the California Insurance Code states that the liability coverage on the vehicle is primary, and any other insurance coverage, such as the District's insurance, is secondary or excess. The employee understands the District does not insure their automobile for comprehensive and collision, and the employee will be responsible for any deductibles
2. If approved, it is the employee's responsibility to make their own travel arrangements for the conference and pay associated costs upfront.
3. Within two weeks of the end of the conference, please scan and submit the conference agenda and all receipts pertaining to the travel costs to ProfessionalLearning@citruscollege.edu. A completed Travel Expense Voucher form will then be sent to the employee electronically for their review and signature.
4. The DEIA+ office will forward the completed, signed Travel Expense Voucher to Fiscal Services for final processing

Signature: _____

Date: _____

Please upload this completed document to <https://forms.office.com/r/1cYxKPU28J>

The DEIA+ Office will ensure the remaining signatures are received, and the form is routed appropriately.

FORWARDED FROM THE DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY + (DEIA+) OFFICE

- The employee has requested to attend this conference and they have my support.
- I do not support the employee attending this conference due to:

Immediate Management Supervisor: _____ Signature: _____ Date: _____

Area Vice President: _____ Signature: _____ Date: _____

Approved Date: _____ Amount Approved: _____ RQ/PO#: _____

Denied Date: _____ Reason: _____