



# Request for Professional Learning Conference Funding

## EMPLOYEE INFORMATION

Your Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Division and Department or Office: \_\_\_\_\_ Job Title: \_\_\_\_\_

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Adjunct Faculty   | <input type="checkbox"/> Classified Professional | <input type="checkbox"/> Confidential |
| <input type="checkbox"/> Full-Time Faculty | <input type="checkbox"/> Manager                 | <input type="checkbox"/> Supervisor   |

## CONFERENCE INFORMATION

Name of Conference/Workshop: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Purpose:

(Please attach additional pages if needed)

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

## ALIGNMENT WITH STRATEGIC PLAN STRATEGIES

Please check all of the Strategic Plan strategies that align with your conference/workshop.

[View Citrus College's 2021-2026 Strategic Plan Here](#)

- |                |                               |                               |  |
|----------------|-------------------------------|-------------------------------|--|
| Focus Area 1:  | <input type="checkbox"/> 1.1  | <input type="checkbox"/> 1.2  | <input type="checkbox"/> 1.3   |
| Focus Area 2:  | <input type="checkbox"/> 2.1  | <input type="checkbox"/> 2.2  |  |
| Focus Area 3:  | <input type="checkbox"/> 3.1  | <input type="checkbox"/> 3.2  |  |
| Focus Area 4:  | <input type="checkbox"/> 4.1  | <input type="checkbox"/> 4.2  | <input type="checkbox"/> 4.3   |
| Focus Area 5:  | <input type="checkbox"/> 5.1  | <input type="checkbox"/> 5.2  | <input type="checkbox"/> 5.3   |
| Focus Area 6:  | <input type="checkbox"/> 6.1  | <input type="checkbox"/> 6.2  | <input type="checkbox"/> 6.3   |
| Focus Area 7:  | <input type="checkbox"/> 7.1  | <input type="checkbox"/> 7.2  |  |
| Focus Area 8:  | <input type="checkbox"/> 8.1  | <input type="checkbox"/> 8.2  |  |
| Focus Area 9:  | <input type="checkbox"/> 9.1  | <input type="checkbox"/> 9.2  | <input type="checkbox"/> 9.3 <input type="checkbox"/> 9.4 <input type="checkbox"/> 9.5 |
| Focus Area 10: | <input type="checkbox"/> 10.1 | <input type="checkbox"/> 10.2 |  |
| Focus Area 11: | <input type="checkbox"/> 11.1 | <input type="checkbox"/> 11.2 | <input type="checkbox"/> 11.3  |

## ESTIMATED EXPENSES

Registration \_\_\_\_\_

Lodging \_\_\_\_\_

Meals (Not provided at conference/workshop)

[View meal per diem rates by city here.](#) This form will automatically calculate the amounts. Enter the dollar amount x number of meals.

Breakfast \_\_\_\_\_ x \_\_\_\_\_

Lunch \_\_\_\_\_ x \_\_\_\_\_

Dinner \_\_\_\_\_ x \_\_\_\_\_

Transportation \_\_\_\_\_

Parking \_\_\_\_\_

Shuttle \_\_\_\_\_

Mileage (\$0.725) x \_\_\_\_\_

Mileage should include round trip if applicable. Distance of daily commute to work should be subtracted from total each way.

Other Expenses \_\_\_\_\_

**Total Estimated Cost** \_\_\_\_\_

## COMMITMENT TO SHARING INFORMATION LEARNED

How will you share/present information learned from your conference/workshop?

- ☐ Division or Department meeting on (date): \_\_\_\_\_
- ☐ Campus-wide presentation organized by Professional Learning
- ☐ Flex Day breakout session organized by Professional Learning
- ☐ Other (explain): \_\_\_\_\_

## FUNDING SOURCES

In the event that the entirety of your travel cannot be funded by Professional Learning, please specify how you will fund the remainder of your request. Please list specific funding sources that will be utilized.

## 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 for an allotment from Professional Learning (not to exceed a total of \$850 per employee, per academic year), it is the employee's responsibility to make their own travel arrangements for the conference/workshop travel, unless working with their department's staff to complete arrangements.
3. Within two weeks of the end of the conference, please scan and submit the conference/workshop 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.
5. Professional Learning can only reimburse up to the maximum amount of the approved allotment. Any additional balances must be paid by alternative funding outside of Professional Learning.

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/workshop, and they have my support.
- ☐ I am requesting the employee attend this conference/workshop.
- ☐ I do not support the employee attending this conference/workshop due to:

Immediate Management Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area Vice President: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ **Approved** Date: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ RQ/PO#: \_\_\_\_\_
- ☐ **Denied** Date: \_\_\_\_\_ Reason: \_\_\_\_\_