City College of San Francisco
Application Adult Education Program Professional Development Funds
2018-2019

Name:_____ Employee ID (not SS#)_____

Department:_____ Position _____

Phone:_____Mailbox:_____

Email:_____

Please answer the questions below, providing a detailed description of the activity. Must include brochures, agendas and web links describing the event.

Professional Development Event Title:_____

Event website URL:_____

Event Location (IN STATE TRAVEL ONLY):_____
Out of state travel requires additional levels of approval from the funder and the CCSF Board of Trustees.

Travel Date(s):_____

All travel must follow A.P. 219 District Travel policies:
http://www.ccsf.edu/BOT/Administrative_Procedures/2/AP_2.19_District_Travel.pdf

Reason for attending:_____

_____

1. What are the specific professional development activities and what content will be covered?

2. What are the expected learning outcomes for participants and/or what is the expected impact on your class or program?

3. How will you share what you have learned with others at the college after the event?

4. Have you identified any other sources of funding to support your participation in this activity? If so, what are they and what are they supporting?

5. Will you need a substitute teacher? ☐ Yes ☐ No

6. Provide all relevant costs including transportation, parking, registration fees, meals, incidentals, etc. For estimates of meals, lodging, transportation (airfare rates, mileage rate for privately owned vehicles, etc.) visit www.gsa.gov. Note: Costs must reflect the most cost effective and prudent use of state/federal funds.

Description	**Estimated Cost**
Transportation:	
Airfare (economy/coach or lesser fare)	
Private Auto:	
Other (describe):	
Meals: (not covered by conference at district rates). Indicate # of breakfast _____, lunch _____, dinner _____	
Lodging: # of nights ____; cost per night _____ Applicable hotel tax and fees _____	
Registration Fee:	
Other Costs (describe):	
Total:	

If APPROVED, I will <u>submit all appropriate documentation to Tary Acebey (ph: 561-1035) within one week</u> of participation in and/or travel to the activity. Note: it is recommended that traveler prepay their own registration fee prior to the event.

Applicant Signature:_____Date:_____

Department Chair Signature:_____Date:_____

Dean Signature:_____Date:_____

Approval by Assoc. Dean of Adult Education:_____Date:_____

***Please submit your Expense Report after the event for reimbursement.**