



Classified Professional Development Funding Request Procedures

1. Funding is open to all classified employees, whether part time or full time.
2. Forms are available on myHancock/Employee Resources tab/Professional Development/Non-Faculty Information and Agreements/**Classified Professional Development Request Packet**
3. Review and complete all required forms.
4. Funding is limited to no more than \$2,000 per person, based on first come, first serve. Level of funding may be reduced to provide for increased demand.
5. Multiple attendees requesting funds for the same activity (if travel is involved), must share transportation and housing (if same gender).
6. The Classified Professional Development committee will review and notify you within 10 days as to the status of your request.
7. These funds cannot be used for Union activities.

To request professional development funds:

- ✓ Submit your original funding packet and checklist directly to Henry Schroff, Classified PD Committee in Building G, Room G-105A
- ✓ If your packet is not hand delivered to Henry but routed through interoffice mail, please also email both Henry Schroff and Dyanna Cridelich that the packet is en route so they are on the lookout.



Classified Professional Development Activity Fund Request
Instructions and Checklist

Procedure Before the Activity

Requesters are responsible for completing and submitting to the Classified PD Representative the following items (including this checklist) **4 weeks prior** to the event for approval of PD funds.

- 1. District **Travel Request** form signed by supervisor and dean
(Found in the Doc/Forms Library by typing "Travel" in the Search by Name)
- or-**
- 2. This is an online activity/No Travel Request required
- 3. Classified PD **Funding Request** form signed by Supervisor
(Found on myHancock "Employee Resources" in the Professional Development area)
- 4. A copy of conference literature (brochure, flyer, or program agenda)

*****If you wish to request a check in advance for lodging or conference fees, you must complete a Request for Commercial Warrant or Revolving Cash Fund Check*** (found in the Doc/Forms Library by typing "RCF" in the Search by Name) and submit it with the District Travel Request form.

Procedure After the Activity

Awardees are responsible for completing and submitting to the Classified PD Representative the following items within **10 days** after the date on which the conference occurred for reimbursement:

- 1. **District Travel Expense Claim Voucher** (Travel Expense) form
(found in the Doc/Forms Library by typing "Travel" on the Search by Name)
- 2. **Original receipts** from conference fees, lodging, transportation, etc.
- 3. Name badge or something to show your attendance

Initialing below, indicates you have read, understood and accept these terms:

_____ I have completed the above forms needed before the conference and understand any incomplete forms may be returned or result in a delay or possible non-action in time for the scheduled event.

_____ I understand the forms for reimbursement must be completed and submitted within 10 days after the scheduled event and any incomplete or late paperwork may result in a delay or rejection of my reimbursement.

Applicant Signature

Date

Supervisor Signature

Date

Dean/VP Signature

Date

Classified PD Representative Signature

Date



CLASSIFIED PROFESSIONAL DEVELOPMENT FUNDING REQUEST

NAME:	TITLE:	
EMAIL:	PHONE EXT.	DATE:
CLASSIFICATION: (Please Check) FT Classified or PT Classified	DEPT.:	

I am requesting approval for funds for the following type of activity: (i.e. conference, workshop, seminar, webinar, etc.)

TITLE OF ACTIVITY: _____

DATE OF ACTIVITY: _____ Hours: _____

LOCATION: _____

Purpose of activity and relation to assignment at Allan Hancock College. What outcomes do you plan to achieve by participating in this activity? How do you think this activity will enhance your work at Allan Hancock College: (Please attach materials and/or documentation to support your request):__

Are you willing to lead an activity or workshop upon completion, to share what you have learned as a result of this experience? Yes No Maybe

This is the first time I have requested PD Funds. Yes No (If NO, when were you last awarded _____)

Check all of the categories listed below that reflect the use of these funds:

- 1. Maintenance of current academic and technical knowledge and skills related to position if activity is not available through AHC.
- 2. Community Outreach opportunities
- 3. Management/Leadership trainings
- 4. Communication/Customer Service trainings
- 5. Computer and technological proficiency programs
- 6. Trainings implementing equal employment opportunities, diversity and/or upward mobility programs
- 7. Other activities determined to be related to educational and professional development pursuant to criteria establish by the Board of Governors

COST OF ACTIVITY:

Since a district travel request is required with your funding packet, please use the following space to include *any expenses that are not covered under the district travel request* and provide any documentation or explanation to assist the committee:

Total Estimated Cost from Travel Request: \$ _____

Other expenses (Specify amount & explain): \$ _____

Explain: _____

Any other expenses (Related to Online Activities): \$ _____

Funds provided by other source (Grant, district, outside org.): \$ _____

TOTAL REQUESTED FUNDS: \$ _____

TOTAL PROGRAM COST: \$ _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF SUPERVISOR: _____ DATE: _____

SIGNATURE OF DEAN/VP: _____ DATE: _____

SCORING RUBRIC & CRITERIA: 20 pts possible. All funding requests will be scored using this rubric. Accurate and detailed packets will have a better chance for funding. This is for reference only.

	4	3	2	1
The extent to which the training, conference, or activity would benefit you as a professional in your capacity at AHC.	Clearly stated, obvious benefit	Somewhat clearly stated, somewhat obvious benefit.	Somewhat unclearly stated, somewhat not obvious benefit.	Benefit not stated, not obvious.
The extent to which well-defined outcomes and goals can be achieved through this training, conference or activity.	Clearly stated, obvious.	Somewhat clearly stated, somewhat obvious	Somewhat unclearly stated, somewhat not obvious.	Not stated, not obvious.
How often you have received professional development monies	Have never (in our records) received funds.	Have received funds, but not last year	Have received funds in the previous year, but not last semester	Have received funds in the previous semester or already this semester.
Sharing Information with colleagues	Plan to share with colleagues clearly described	Plan mentioned, but details unclear	No mention of sharing, but report with be detailed and thorough	Simply said report will be written
Funding packet	On time, all items and signatures requested included	On time, one or more items or signatures was not included	On time, two or more items/ signatures missing	Packet late, and missing 3 or more items

FOR PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY

Date received: _____ Approved: _____ Not Approved: _____

Notification to Applicant: (Notifier and date Notified) _____

BUDGET CODE: _____

Fund - Org - Account - Program

 Signature of Classified PD Representative

 Date

 Signature of Classified PD Representative

 Date

Distribution -

Business Services (original)

Classified PD Chair (copy)



REQUEST FOR CHECK

**SUBMIT TO BUSINESS SERVICES FIFTEEN (15) BUSINESS
DAYS PRIOR TO THE DATE IT IS NEEDED**

REQUESTER'S SECTION

Request Date: _____

Check Needed By: _____

Req By: _____

Dept: _____

PAYEE SECTION

PR#(if applicable): _____

Name: _____

C/O: _____

Vendor/Employee ID: _____

Addr: _____

City: _____

State: _____ Zip Code: _____

Amount: \$ _____

In Payment For: _____

DISPOSITION:

Mail: _____ Contact Requester: _____ Ext: _____ Other: _____

Req. Signature: _____ Email: _____

Budget Code: Fund _____ Org _____ Account _____ Program _____

SUBMIT ONE (1) COPY TO THE BUSINESS SERVICES OFFICE WITH SUPPORTING DOCUMENTS