PROFESSIONAL CONFERENCES AND WORKSHOPS

Coast Community College District

CLASSIFIED PROFESSIONAL DEVELOPMENT

NOTE: Application Must Be Submitted Prior to Starting Program

Name _____ Date of Application _____
Last First MI

Employee ID _____ Business Phone No _____

Campus: Job Title and Dept _____
☐ DIST ☐ CCC ☐ GWC ☐ OCC ☐ DIS

Original Hire Date _____

A one page synopsis of the activity will be required outlining the benefits received of attendance at said conference and must be submitted with receipts at completion.

CONFERENCE INFORMATION

Name of Conference _____
No Abbreviations

Location _____ Duty Days _____
City/State/Country

Conference Date(s) _____ _____
Beginning Date *Ending Date*

Attendance Date(s) _____
Actual date(s) you will attend

Anticipated Expenses

Are you receiving any other funding and/or release time? Yes ☐ No ☐

Registration Fee $_____ Lodging (including tax) $ _____ per night x _____ night(s)

Meals $ _____ per day x _____ day(s) Misc. Expenses (Type): _____ Amount $ _____

Transportation Type

Expense $

TOTAL $ **0.00**

Justification

Use this space to explain your career goal/path and how this program could lead to upward mobility as a classified employee of the Coast Community College District (use extra sheets as necessary) and attach conference brochure.

_____ _____
Supervisor Signature Date

_____ _____
Applicant's Signature Date

_____ _____
CPD Signature Date

☐ Approved ☐ Tabled ☐ Denied*

Not to Exceed $ _____ Date: _____

Contingent Upon Board Approval: _____ Reason: _____

Budget Year: _____ Budget Number(s) _____

***All denials subject to appeal**