



STAFF DEVELOPMENT PROPOSAL FORM

Submit hardcopy proposal with signatures to the Office of Human Resources

Name: _____

Date Proposal Submitted: _____

Email _____@avc.edu

Phone # _____

Div./Dept: _____

☐ Full-time Faculty ☐ Adjunct ☐ Admin

☐ Classified ☐ Conf/Mgt/Supv.

Project Title:

(Seminar/Conference Title; Course Title; or Project Title for activities involving travel activities that are not predefined) (Do not use acronyms or abbreviations)

Date(s) of Project:

Location(s):

From: _____

City/State: _____

To: _____

Budget Expenses: Must attach supporting documentation for applicable fees.

Fees/Tuition: _____

Travel: _____

Hotel: _____

Meals: _____

Misc. _____

TOTAL: _____

Reimbursement contingent upon Board approval and submission of receipts up to a maximum of \$1750

A copy of the relevant conference materials must be attached.

Continue on next page –

Description:

A. Description of Current Assignment which will be impacted by this project:
(Include references to applicable program reviews, EMP's, SLO's, OO's, etc....)

B. Description of Project Objectives:

C. Description of How Project Activity will Meet Objectives:

D. Description of Anticipated Outcomes for Yourself and Students

E. How will you share this information?

☐ Professional discussion

☐ Staff or departmental meetings

☐ Written distribution

☐ Students in classroom

☐ FPD Activity

How will missed classes or assignments be covered, if applicable?

Applicant's Signature: _____ Date: _____

Dean's/Supervisor: _____ Date: _____

Print

Signature

**** It is understood that by signing this application you do not have department funds to cover these costs.**

Please do not write below this line

Approved

Denied

Returned for Additional Information

Staff Development Representative: _____ Date: _____
