

## STAFF DEVELOPMENT PROPOSAL FORM

Submit hardcopy proposal with signatures to the Office of Human Resources & Employee Relations.

Name:	Date Proposal Submitted:
Email:@avc.edu	Phone #:
Div./Dept:	
	Full-time Faculty Adjunct Admin.
	Classified Conf./Mgt./Supv.
<b>Project Title:</b> (Seminar/Conference Title; Course Title; or Project Title predefined) (Do not use acronyms or abbreviations)	e for activities involving travel activities that are not
Date(s) of Project:	Location(s):
From:	City/State:
То:	
Budget Expenses: Must attach supporting	documentation for applicable fees.
Fees/Tuition:	
Travel:	
Hotel:	
Meals:	
Misc.:	
TOTAL:	
Reimbursement contingent upon Board appro of \$1750.	val and submission of <u>receipts</u> up to a maximum

## A copy of the relevant conference materials must be attached.

Continue on next page ->

## **Description:**

- A. <u>Description of Current Assignment which will be impacted by this project:</u> (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:

<ul> <li>E. <u>How will you share this information?</u></li> <li>Professional discussion</li> <li>Staff or departmental meetings</li> </ul>	<ul> <li>Written distribution</li> <li>FPD Activity</li> <li>Students in classroom</li> </ul>	
How will missed classes or assignments be co	overed, if applicable?	
Applicant's Signature:	Date:	
Supervisor Signature: Print	Date: Signature	
Please do not write	e below this line	
Approved Denied	Returned for Additional Information	
Staff Development Representative:	Data	
	Date:	