

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.
Project Title: (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.

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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:

 E. <u>How will you share this information?</u> Professional discussion Staff or departmental meetings 	 Written distribution FPD Activity Students in classroom 	
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:	