

APPLICATION FOR WORKSHOP OR CONFERENCE ATTENDANCE

CLASSIFIED STAFF DEVELOPMENT PROGRAM

Employee Name		G#
Dept/Division	Job Title	College / District Office

Workshop Title	Dates/Times	Workshop Location
Description of Workshop:		

Estimated Expenses	
Registration Fee	\$
Lodging	\$
Airfare / Transportation	\$
Meals	\$
Total Estimated Expenses*	\$

Other College/District Funds	\$
Acct #	
Other College/District Funds	\$
Acct #	

How will this workshop or conference benefit you as an employee of the San Mateo County Community College District?			
Would you be willing to share information received from this activity with other employees during an information meeting?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
Employee Signature	Date		
Supervisor Signature	Date		
Administrator Signature	Date		

Please forward this application and any pertaining information to your campus representative.

Skyline: Eloisa Briones, briones@smccd.edu; **CSM:** Ludmila Prisecar, prisecar@smccd.edu;

Canada: Michelle Marquez, marquezmichelle@smccd.edu; **Chancellor's Office:** Ingrid Melgoza, melgozai@smccd.edu.