CSM CLASSIFIED PROFESSIONAL DEVELOPMENT APPLICATION

Conference/Workshop Reimbursement

The Classified Professional Development (CPD) Program provides opportunities for classified staff to attend work-related conferences and workshops and/or to complete college coursework. Applicants must be permanent employees who have passed their six-month probation period.

Applications should be submitted at least 30-days in advance of workshop/conference or tuition reibursement requests. Late submissions will be reviewed on a case-by-case basis. Applications submitted after the event/class has begun will not be considered. Funds are not guaranteed until application is approved; all applications are reviewed and approved on a first-come, first-served basis. Estimated receipts should be submitted with this application.

CPD funds are allocated on an annual basis (July 1 – June 30) and limited to a total annual reimbursement of $2,500. Applicants will need to identify additional funding sources for amounts in excess of $2,500.

Name:		G#:	
Job Title:	Years in position:	Division/Depart.:	

This CPD Conference/Workshop opportunity will: ☐ enhance my effectiveness in my current position ☐ enhance my role in the institution

Conference/Workshop	
Title:	
Conference Date(s):	
Travel Dates:	
Location:	
Estimated Conference/Workshop Expenses	
Registration	$
Airfare/Transportation/Tolls	$
Lodging	$
Meals	$
Total Estimated Expenses	$ 0.00
Conf/Workshop Expenses Beyond $2,500 Limit	0.00
Other College Funds	$
Acct. #	
Other College Funds	$
Acct. #	

Have you attended this conference/workshop before? ☐ Y ☐ N

Is this mandatory training? ☐ Y ☐ N

Tuition Reimbursement		
School:		
Major:		Session:
Course Title(s)	**Units**	**Dates**
Tuition		$
Textbooks		$
Total Estimated Expenses		$ 0.00
Expense Responsibility of Employee		$ 0.00

Proof of satisfactory completion of approved coursework with a grade of "C" or better AND proof of tuition/textbook payment are required when submitting Request for Reimbursement form.

Does this coursework lead to a certificate or degree? ☐ Y ☐ N

If yes, please indicate educational goal:

☐ Certificate ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate

Expected completion date:

Summarize how this professional development opportunity will benefit you and CSM.

Employee Signature	Supervisor Signature	Administrator Signature

Classified Professional Development Committee Approval

Submit this application to the CSM business office at least 30 days before program start at csmbusinessoffice@smccd.edu. rev. 01/20/26