CSM CLASSIFIED PROFESSIONAL DEVELOPMENT APPLICATION

Conference/Workshop or Tuition Reimbursement

The Classified Professional Development 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.

Classified Professional Development funds are allocated on an annual basis (July 1 – June 30) and limited to \$1000 for conferences/workshops and \$1400 for tuition reimbursement. Applicants will need to identify additional funding sources for conferences/workshops that exceed the \$1000 limit. Professional development funding is limited; therefore, funding caps are subject to change and all applications are approved on a first-come, first-serve basis.

Name:		G#:					
Job Title:	Years in position:	Division/Depart.:					
This professional development opportunit	•	role in the	institution [enhance my ph	ysical or	mental well-being	
Conference/Wor	kshop			Tuition Rein	nburse	ment	
Title:		Scho	ool:				
Conference Date(s):		Maj	Major:		Se	Session:	
Travel Dates:		Cou	Course Title(s)		Units Dates		
Location:							
Estimated Conference/Worl	cshop Expenses						
Registration	\$	1					
Airfare/Transportation/Tolls	\$	<u> </u>					
Lodging	\$						
Meals \$			Estimated Tuition Expenses (\$1400 annual limit)				
Total Estimated Expenses	\$	Tuit	ion			\$	
Expenses Beyond \$1000 Conference/Workshop Limit		Text	Textbooks			\$	
Other College Funds	\$		Total Estimated Expenses \$				
Acct. #			Proof of satisfactory completion of approved coursework with a grade of "C" or better AND proof of tuition/textbook payment are required when				
Other College Funds	\$	subm	submitting Request for Reimbursement form.				
Acct.#			Does this coursework lead to a certificate or degree? ☐ Y ☐ N If yes, please indicate educational goal:				
Have you attended this conference/workshop before? ☐Y ☐ N			☐ Certificate ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate				
Is this mandatory training? $\square Y \square N$			Expected completion date:				
Summarize how this professional develo	pment opportunity will bene	fit you and (CSM.				
Employee Signature Supervisor Signature		e	Administrator Signature			ıre	
Classified Professional Development Committee Approval							