

Yuba Community College District - Woodland Community College
Application for WCC Professional Development Travel Funds

Name: _____

Email address: _____

Location: WCC Lake CCC

Department: _____

Approving Supervisor: _____

Employee Status:

- Part-Time Faculty
 Full-Time Classified
 Permanent Part-Time Classified

Type of Event/Activity

- College Course (Weekend Class)
 Conference (2-3 days/nights, travel)
 Workshop/Professional Meeting
 Other _____

Event/Activity Info:

Name: _____

Date(s): _____

Location: _____

Other Attendees: _____

Description

1) Did you receive FLEX/PD travel funding last year? Yes No

Amount received: \$ _____

2) Describe how you will use this activity to upgrade, enhance, or improve your assignment and/ or benefit the campus community. Provide evidence (brochures, catalog descriptions, website links, etc.) for the activity you wish to fund.

3) The Flex PD Committee wants funds to have the greatest impact by encouraging participants to share what they've learned. Are you willing to lead a Flex/Professional Development workshop or conduct a presentation in your department, based on what you have learned from the activity?

Yes

No

- If your answer is "Yes", a member of the Flex/Professional Development Committee will contact you regarding possible dates and times for the workshop activity.
- If your answer is "No", please explain why not?

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Event/Activity Costs

Registration Fees = _____

Other event/activity fees = _____

Transportation Costs:

• Personal Car _____ Roundtrip Miles @ 67 cents/mile = _____

• Bus, Plane, Train, etc. = _____

• Auto Rental = _____

• Parking/Tolls = _____

• Local transportation (i.e. Lyft, Uber etc.) = _____

Meal Costs:

• Breakfast _____ X \$10.00 = _____

• Lunch _____ X \$15.00 = _____

• Dinner _____ X \$30.00 = _____

Lodging Costs:

• Number of Nights _____ X \$ _____ Per Night = _____

• Hotel fees (internet, parking overnight, resort fee etc.) = _____

Other Expenses (Itemized below):

_____ = _____

_____ = _____

TOTAL: \$ 0.00

***NOTE:** If the staff member incurs costs prior to approval and the application is not approved, then the costs become the responsibility of the staff member. No actual receipts are necessary at this point, but in order to receive your re-imbusement you will need to provide documentation for all costs incurred.*

***NOTE:** Applicant is responsible for submitting all YCCD travel forms, obtaining release time and supervisor approval, and remitting copies of travel receipts to the co-chair of this committee upon return.*

APPROVED: <input type="checkbox"/> Yes <input type="checkbox"/> No	RECOMMENDED AWARD: \$ _____
Flex/PD Committee Chair's Signature: _____	Date: _____
FLEX/PD Committee Tri-Chair Signature: _____	Date: _____
<i>For Office use only.</i> Amt. Awarded: \$ _____ Date Awarded: _____ Initials: _____	
_____ Signed _____ Receipts _____ Recap _____ Copy/Scan for Committee files	
_____ Sent to Fiscal Services (Initial & date when each action is complete)	