

# LAKE TAHOE COMMUNITY COLLEGE

## Request for Classified Staff Development Funding

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Name of Applicant: \_\_\_\_\_ Department: \_\_\_\_\_

Name of Proposed Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Type of Activity: Staff Development \_\_\_\_\_ TTIP: \_\_\_\_\_  
(Telecommunication and Technology  
Infrastructure Program)

**A. DESCRIPTION OF PROPOSED STAFF DEVELOPMENT ACTIVITY:**

(Attach any appropriate documents that will aid the Committee's review of your application):

**B. DESCRIPTION:** (Describe how this activity relates to your job):

**C. CRITERIA:**

(Please check which criteria your proposal qualifies as an authorized use of funds):

- Maintenance of current academic and technical knowledge of skills.
- In-service training for vocational education and employment preparation programs.
- Retraining to meet changing institutional needs.
- Intersegmental exchange programs.
- Development of innovations, instructional and administrative techniques, and program effectiveness.
- Computer and technology proficiency programs.
- Course and training implementing affirmative action and upward mobility programs.
- Other activities determined to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges, including, but not necessarily limited to, programs designed to develop self-esteem.

**D. METHOD OF EVALUATION:**

(Describe how the results of your participation, activities or project will be disseminated to the college):

**E. ESTIMATED EXPENSES:**

Transportation: \_\_\_\_\_ \$ \_\_\_\_\_

Plane       Private vehicle mileage or College Van if available

Other (describe) \_\_\_\_\_ \$ \_\_\_\_\_

Lodging: \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fees: \_\_\_\_\_ \$ \_\_\_\_\_

Meals: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

SUB-TOTAL      \$ \_\_\_\_\_

Other Funds Available (subtract from subtotal):

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL STAFF DEVELOPMENT REQUEST:**      \$ \_\_\_\_\_

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit to your Supervisor for review and approval.

Supervisor's sign-off \_\_\_\_\_ Date \_\_\_\_\_