

# LAKE TAHOE COMMUNITY COLLEGE

## Request for Full-time and Adjunct Staff Development Funding

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

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

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

Type of Activity (Please check): Staff Development  TTIP:   
(Telecommunication and  
Technology Infrastructure  
Program)

Staff Development activities are activities that are extra-ordinary, over and beyond the usual and expected. Such activities must also meet the Education Code criteria noted on the back of this cover form.

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

This description should clearly describe how this activity is extra-ordinary, and beyond the usual opportunities for professional development. Attach any information that will assist the Staff Development Committee to fully understand the activity. Repetition of a previously funded activity will be considered, but the benefits of repetition must be clearly stated.

**NOTE: ADJUNCT FACULTY MEMBERS**

Please list the classes you are or will be teaching and how this activity will pertain to your class.

**B. PROJECTED COSTS**

On a line-by-line basis, describe the total costs. This should include, but not be limited to travel, lodging, meals, registration, and materials. If other monies will supplement the Staff Development grant, clearly indicate the source of those dollars.

**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:

**C. BENEFITS DERIVED**

Fully describe how this activity will aid in your own professional development include what you will do to carry over to fellow faculty and/or the College as a whole. This is the most important aspect of your application. If it would be helpful, review this part of your application with your Dean.

**D. CRITERIA**

Please check which criteria your proposal qualifies as an authorized use of funds.

- Improvement of teaching.
- 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.

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

**Submit to your Dean for review and approval.**

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