

APPLICATION FOR PART-TIME FACULTY PROFESSIONAL DEVELOPMENT FUNDS

Name _____ Phone/Ext. _____ Date _____
Last First

Department: _____

Professional Development Request (Check one):

Please include date of meeting/workshop

- All College Day
- Department Meeting
- Other Meeting _____
- Workshop: (name) _____
- Committee: (name) _____
- Other: _____

Date: _____ Start Time: _____ End Time: _____ Facilitator: _____

PLEASE PROVIDE A BRIEF EXPLANATION OF WHY YOU WISH TO ATTEND THIS MEETING/TRAINING:

Stipend Amount Requested (Check one):

- \$50 0-2 hours
- \$100 3-4 hours
- \$200 5-8 hours
- Workshop: (name) _____
- Committee: (name) _____

Signature of Requestor _____ Date _____

Dean Approval *Recommend* *Not Recommended* *Rationale* _____

Dean Signature _____ Date _____

Appeal to Vice President for non-recommendations ONLY: Date appeal submitted _____

VP Response to appeal: _____

****Please submit application 2 weeks prior to meeting/training****

**DEANS - SUBMIT APPLICATION TO: Crystal Porter, Administrative Secretary II, GP; PD; SE - Bldg. 10
Crystal.Porter@vvc.edu**

Confirm fund availability

Signature of Budget Account Manager _____ Date _____

Budget Account #: 01-50-32-6450-3057-1461-0000