

# SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

## CLASSIFIED STAFF DEVELOPMENT PROGRAM

### APPLICATION FOR WORKSHOP OR CONFERENCE ATTENDANCE

|                          |                       |                                  |                    |
|--------------------------|-----------------------|----------------------------------|--------------------|
| <b>Name of Employee</b>  | <b>Work Extension</b> | <b>Social Security #</b>         | <b>Date</b>        |
| <b>Division / Dept</b>   | <b>Position</b>       | <b>College / District Office</b> | <b>Months/Year</b> |
| <b>Title of Workshop</b> | <b>Dates/Times</b>    | <b>Location of Workshop</b>      | <b>%FT</b>         |

**Description of Workshop:**

|                                  |    |  |    |
|----------------------------------|----|--|----|
| <b>Estimated Expenses</b>        |    | <b>* If estimated expenses total more than the maximum of \$1,000, additional funding is requested from:</b> |    |
| Registration Fee                 |    | \$   |    |
| Lodging                          | \$ | <b>Other College/District Funds</b>  | \$ |
| Airfare / Transportation         | \$ | <b>Acct #</b>  |    |
| Meals                            | \$ | <b>Other College/District Funds</b>  | \$ |
| <b>Total Estimated Expenses*</b> | \$ | <b>Acct #</b>  |    |

**How will this workshop or conference benefit you as an employee of the San Mateo County Community College District?**

|  |            |           |
|--|------------|-----------|
| <b>Would you be willing to share information received from this activity with other employees during an information meeting?</b> | <b>Yes</b> | <b>No</b> |
|  |            |           |

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|

#### Recommendation of Supervisor / Administrator

|                            |            |           |                |                 |               |
|----------------------------|------------|-----------|----------------|-----------------|---------------|
| <b>Replacement Needed?</b> | <b>Yes</b> | <b>No</b> | <b>Cost \$</b> | <b>Approved</b> | <b>Denied</b> |
|                            |            |           |                |                 |               |

|   |             |
|---|-------------|
| <b>Signature of Supervisor or Administrator</b> | <b>Date</b> |
|---|-------------|

**Comments:**