## CAÑADA COLLEGE PROFESSIONAL DEVELOPMENT APPLICATION

## **Classified Staff**

Professional Development funds are allocated on a fiscal year basis (July 1 – June 30) and limited to \$2,500 \*Pilot FY24-25 only\* for conferences/workshops and tuition reimbursement. Applicants will need to identify additional funding for expenses that exceed the limits. Funding is limited; therefore, funding amounts are subject to change. Applications are approved on a first-come, first-serve basis. The amount awarded will be stated at the bottom of the approved application. \*Proof of satisfactory completion of approved coursework with a grade of "C" or better and proof of tuition and textbook payments are required when submitting for tuition reimbursement.

	Position Title:		Today's Date:		
G#: Division/ Org #:	This professional development opportun			portunity will primarily:	
Caufana a Marahah		*	i Daib		
Conference/Worksh	юр		tion Reimburs	ement	
Title:	School:				
Date(s): to	Major:				
Location (City, State):		Course Title(s)	Units	Dates	
Have you attended this conference/wor	kshop before? Y N				
Is this a mandatory training?	Y N				
Estimated Expenses					
Registration					
Lodging		Estimated Tuition Expenses			
Meals (use per-diem worksheet below)		Tuition			
Transportation (Airfare/Taxi/		Textbooks			
Ride-Share/Mileage/Tolls/Parking)  Total Estimated Expenses		Total Estimated Expenses			
· ·	For an ADVANCE check request, complete and submit t			m with this application	
Summarize how this professional development opportunity will benefit you and Cañada College.					
Submit the application to the Business (	Office at least <b>30</b> da	ys prior to the conferen	ce date; <b>CANBusi</b> r	nessOffice@smccd.edu.	
Submit the application to the Business (  **I have read and understand the SMCCCD Domestic and/or International	procedures of the I	Professional Developme	ent funding applica	ation, including the	
**I have read and understand the	procedures of the I	Professional Developme agree to the terms and c	ent funding applica	ation, including the nitting this application.	
**I have read and understand the SMCCCD Domestic and/or International	Supervisor Signature:	Professional Developme agree to the terms and c	ent funding applications of submitted President Signature: *(out-of-state conference	ation, including the nitting this application.	
**I have read and understand the SMCCCD Domestic and/or International	Supervisor Signature:	Professional Developme agree to the terms and c	ent funding applications of submitted President Signature: *(out-of-state conference	ation, including the nitting this application.	
**I have read and understand the SMCCCD Domestic and/or International	Supervisor Signature:	Professional Developme agree to the terms and c	ent funding applications of submoderations of su	ation, including the nitting this application.	
**I have read and understand the SMCCCD Domestic and/or International  **Employee Signature:	Supervisor Signature:	Professional Developme agree to the terms and o opment (PD) Committee	ent funding applications of submoderations of su	ation, including the nitting this application.	

## Per-Diem Calculation Worksheet

(effective Jan.1,2024)

Employee Name:

Conference Date(s): to

				Total
Date(s)				
Breakfast @ \$15				
Lunch @ \$22				
Dinner @ \$33				
Total				

## Meals

- 1) Only per-diem is permissible for qualified meals during approved travel. All qualified meals are reimbursed at the District set per diem rate and shall not be charged on the District procurement card.
- 2) The current per-diem rate is up to \$70 at the maximum for each day of the trip please note that taxes, tips and room service charges are included in the per-diem calculation. Partial per-diem reimbursements as noted below shall apply:

Per-diem meal allowance:

Breakfast	\$15
Lunch	\$22
Dinner	\$33

Depending on the travel start and end times, the employee may be entitled to the whole per-diem or just part of it – breakfast, lunch or dinner. For local conferences, the event start and end time will be used to determine the meal per-diem reimbursement.

Event or Flight time startsemployee can claim	Breakfast	Lunch	Dinner
Before 12 noon	X	X	X
Between 12 noon and 6pm		X	X
After 6pm			X

Event or Return flight time ends employee can claim	Breakfast	Lunch	Dinner
Before 12 noon	X		
Between 12 noon and 6pm	X	X	
After 6pm	X	X	X

3) Meals included as part of the conference registration fees shall be noted on the Statement of Conference Expense Form and shall be excluded from the per-diem. The employee will not be reimbursed a per-diem for any meals that are included in the cost of registration regardless of whether or not the employee eats the meal. In rare cases when the employee requires special meals due to health conditions, the employee shall be reimbursed only if adequate receipts are provided for any extra meals purchased in lieu of the meals included in the registration fee. When dining with another District employee or agent who receives reimbursement for his/her expenses, if one of the employees covers the cost of the other, the employee who did not pay will have his/her reimbursement adjusted by the per diem portion of that meal.