

GROSSMONT COLLEGE
Professional Development Travel Funding
Application Procedure for 2025-2026



GROSSMONT COLLEGE

the office of professional development

faculty professional development committee

classified staff professional development committee

collegewide professional development committee



The College has limited funding available for Full Time Faculty, Adjunct Faculty, Classified Professionals, and Administrators for conferences and training. Faculty, Classified Professionals, and Administrators may request up to \$700 annually (academic calendar) from the Professional Development Travel Fund to support travel to discipline specific and/or job-related conferences, training, and workshops. Faculty may request funds AND receive Professional Development Credit for conference attendance. The purpose of the funding is to enrich teaching and learning and/or to enhance skills/knowledge in job applicable skills. Any costs incurred over the \$700 must be covered by the individual(s) applying for the funding or through additional college resources that the requestor(s) must secure separate from this request. In other words, approval of funding request does not imply approval of any costs over the \$700.

Plan to request funds or make a travel request at least 6 weeks prior to the conference date. Justification to attend the conference, training, or workshop is required. Incomplete requests cannot be processed. You will need to submit the following to your Division Dean/Manager:

- ❖ Conference Attendance/Travel Fund Request Form (below)
- ❖ Request for Attendance at Off-Campus Activity," form (below)
- ❖ Use Account 1340002---5210 and indicate *Professional Development*
- ❖ Documentation regarding the professional value of the conference:
 - Link to Conference Website that includes: Name and description of conference, Conference Dates, Conference Location, Agenda Activity including the description of offerings. Meals cannot be reimbursed from this fund.
 - Documentation of Costs (if making a funding request) including:
 - Conference Registration Fees
 - Lodging reservation quote (including cost of parking)
 - Transportation quote (MapQuest/Google Maps, and/or flight, train, shuttle, etc.)
 - Note: GCCCD mileage rate for 2025 is .70 cents per mile.
 - Note: Meals cannot be reimbursed from this fund.

Routing Information

- ❖ Return completed packet for signatures to your Division Dean
 - ❖ Your Division Dean's office will route your completed packet to the Professional Development office to process the funding request.
 - ❖ The Professional Development Office will do a budget check in order to approve the request.
 - ❖ Once approved, the request will be routed to the President's cabinet for approval to travel.
 - ❖ Once your travel request has been approved, you will receive an email communication from the Grossmont Business Communications Services office (grossmontbcs@gcccd.edu) with your approved travel request.
- *Please know the process can take 4 to 6 weeks. Please be advised that travel is NOT approved until the approved paperwork is returned.

To be **reimbursed for Travel**, submit the following **within two weeks after travel is completed**:

- ❖ Report on Conference Attendance submitted to: https://gcccd.co1.qualtrics.com/jfe/form/SV_cx3r3s1Sp7zhJLo
- ❖ Create an Expense Report in Workday (Please see the Expense Report training manual available in Workday)
- ❖ Upload the following items to your expense report
 - Copy of approved *Request for Attendance at Off-Campus Activity* form received from grossmontbcs@gcccd.edu
 - Hotel folio/receipt (Credit card receipts are not acceptable)
 - Transportation – MapQuest/Google Maps for mileage (.70 per mile), and/or airline, train, shuttle, taxi receipts.
 - Scanned copies of parking receipts
 - Conference Registration receipt
 - Other original itemized receipts as approved
- ❖ Professional Development funding does not cover food expenses, however other funding sources do - so please note alcoholic beverages may not be reimbursed and such items **may not appear on receipts**. Please request a separate receipt for items you wish to be reimbursed for. Please only submit information/documentation for reimbursable expenses that were approved.

Conference Attendance/Travel Fund Request Form



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Name _____

Date _____

Department _____ Division/Unit _____

☐ Full time Faculty

☐ Adjunct Faculty

☐ Classified Staff

☐ Administrator

☐

I am requesting funds from the Professional Development Travel Fund

(Please identify request amount below)

Travel _____

Conference Registration _____

Lodging _____

Other _____

Total PD Funds Requested _____

☐

I plan to use attendance at this conference to satisfy my professional development obligation

(Please indicate number of hours requested. 6 hours per day maximum)

☐

I will be requesting a substitute

Conference Attendance Policy/Procedures:

1. Submit application for funding and all documentation at least six weeks prior to conference date.
2. \$700 maximum reimbursement per academic year for full time faculty, adjunct faculty, classified professionals and administrators. Faculty conferences must be in discipline, discipline related, curriculum methods, or approved training. Classified conferences must be related to job description and approved by the unit manager.
3. Submit all required forms to the Division Dean's Office at least **six weeks prior to the conference start date**. Late submittals must include a written justification explaining the delay and may not be processed.
4. If request is denied, applicant will be informed of the denial by the appropriate Committee Chair and will be given the opportunity to appeal.
5. A Report on Conference Attendance is required for reimbursement. This Report and Travel Expense Claim forms must be submitted to the Office of Professional Development within two weeks of travel.

I Have Read the Policy and Agree to the Procedures Above

Print Name

Signature

Date

Supervisor / Department Chair Signature

Date

Action Taken (to be completed by the Professional Development Office):

Approved on: _____ Reimbursement Amount: _____

Denied on: _____ Reason for Denial: _____

Appealed on: _____ Outcome of Appeal: _____

Signatures: _____