Administrators/administrative support personnel may request up to $500 for professional development annually. Applications need to be submitted a minimum of two weeks prior to the event. Seminar documentation must be attached to this application. Applications submitted without documentation will be denied. In addition, an application will be considered if submitted within two (2) weeks from the conclusion of the event when the event is attended at the last minute. Reimbursement after the fact is NOT guaranteed. Professional development funds must only be used for training/workshops/conferences that pertain to the applicant’s specific job.

Applicant’s Name

Applicant’s Signature

Date Submitted

Department/Division

Specify the general nature of the application:

_____ Short-term course, workshop, meeting (including LC Continuing Education offerings)

_____ Field Trip to another college, institution or facility to observe operation of equipment, a process or person(s) with position similar to applicant

_____ College credit course work not available at LC, which is closely related to applicant’s job responsibilities and is not eligible for tuition reimbursement using Employee Educational Assistance benefits

_____ Other (please specify)

Name of Class/Seminar/Workshop

Location

Date

Budget Information: DEPT ACCT FUND

Make Check Payable to:

Revised 04/04/11
**Anticipated Fees and/or Other Expenses (please itemize):**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fees</td>
<td>$__________</td>
<td>____Miles @ $0.505/mile</td>
</tr>
<tr>
<td>Lodging</td>
<td>$__________</td>
<td>____Personal Vehicle</td>
</tr>
<tr>
<td>Transportation</td>
<td>$__________</td>
<td>____LC Vehicle</td>
</tr>
<tr>
<td>Mileage</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$__________</td>
<td></td>
</tr>
</tbody>
</table>

Brief description of activity (event flyer or other documentation must be attached):

________________________________________________________________
________________________________________________________________
________________________________________________________________

Brief description of how participation in this activity will enhance your job performance at LC and identify LC Goal activity is related to:

________________________________________________________________
________________________________________________________________
________________________________________________________________

(Following any Professional Development Activity funded by the PDC, the recipient is required to share the knowledge learned through the activity be either: writing a report and posting it to the Administrative Assembly listserv or by presenting a verbal report at one of the membership meetings.) How will knowledge/skills obtained from this experience be shared with other LC employees?

________________________________________________________________
________________________________________________________________
________________________________________________________________
Supervisor's/Dean's Recommendation:

____ I support this application.

____ I support this application with the following reservations:

_____________________________________________________________________

_____________________________________________________________________

____ I do not support this application.

Supervisor's/Dean's Signature __________________________ Date ______________

Eligibility for Funds:

Any requestor for Professional Development Funds must demonstrate involvement in the organization in at least one of the following ways prior to receiving any funds:

• Attend a membership meeting
• Attend a LC Board of Regents meeting
• Support an assembly fundraising activity

Requestor must complete all parts of the application and required documentation or application request will be automatically denied.

Professional Development Committee’s Recommendation:
Date:____________________

____ Fund at level requested of $________________

____ Fund at reduced level of $________________

____ Do not fund (state reason not funded)

Authorized by:__________________________

Date:____________________