

**GUAM COMMUNITY COLLEGE**

**PROFESSIONAL DEVELOPMENT**

**REQUEST FOR FUNDING APPLICATION FORM**

**FUNDING SOURCE: PROFESSIONAL DEVELOPMENT FUNDS: FOAP#:**

 **TOTAL AMOUNT REQUESTED: $**

**FUNDING FOR THIS APPLICATION WILL BE USED DURING:**

 **AUGUST 2017-JULY 2018**

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 **AUGUST 2018-JULY 2019**

**CATEGORY FOR WHICH FUNDING IS REQUESTED:**

**CONFERENCE/WORKSHOP/TRAINING On-island**

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



**Off-island**

**Mini-Grant**



**GUEST SPEAKER/CONSULTANT FEE TUITION ASSISTANCE**





**OTHER:**



|  |
| --- |
| **PROPOSED PROFESSIONAL DEVELOPMENT ACTIVITY** |
| **LOCATION/INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **STARTING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **ENDING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **I certify that all information included in this application is true.** |
|  |  |  |
| **APPLICANT’S NAME (PRINT AND SIGN)** |  | **DATE** |
| **CONTACT NUMBER** |  | **DEPARTMENT** |
|  |  | **🞏 APPROVE****🞏 DISAPPROVE** |
| **DEAN’S NAME (PRINT AND SIGN)** |  | **DATE** |  |

**A) State how the proposed professional development activity responds to the professional development priorities established by your department or the College.**

**B) State how the proposed professional development activity will enhance/ improve student learning.**

**NOTE: Part C, D & E are for Conferences/Workshops/Trainings only.**

1. **Provide an action plan of how you will implement what you have learned from the professional development activity. Provide objectives and timelines.**

|  |  |
| --- | --- |
| **Objective (s) and Activity (ies)** | **Target Date** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **COSTS:**

**Registration Fees....................……….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transportation......................................$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Per Diem (no. days X cost)…………..$\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\*…………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL COST $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*****Complete only if requesting actual reimbursement.*

1. **Prior approved applicants must submit a Clearance Report Form certifying completion of obligations to PDRC and the college.**

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**GUAM COMMUNITY COLLEGE**

**PROFESSIONAL DEVELOPMENT ACTIVITY CLEARANCE REPORT FORM**

**(This form must be included with Conferences/**

**Workshops/Trainings applications only.)**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **NAME**  |  | **CONTACT NUMBER** |
| **MAILING ADDRESS** |  |  |
| **POSITION TITLE** |  | **DIVISION** |

**This is to certify that I have completed and fulfilled my obligations to the College as outlined in my last approved Professional Development Activity Application Form, Section E.**

**\**Please provide a brief summary of how your educational plan was completed.***

|  |  |
| --- | --- |
| ***Objective/Activity*** | ***Date of Completion*** |
|  |  |
|  |  |
|  |  |

**This section does not apply to me (not a prior approved applicant).**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **APPLICANT’S SIGNATURE** |  | **DATE** |

**NOTE: For Tuition Assistance only.**

**I am requesting assistance for:**

|  |  |  |
| --- | --- | --- |
| **🞏 Associate’s** | **🞏 Bachelor’s** | **🞏 Master’s** |
| **🞏 Doctorate** | **🞏 Certification** | **🞏 Certificate** |
| **🞏 Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**COURSE(S) TO BE TAKEN: REQUIRED ATTACHMENTS:**

1. **Verification of course cost**
2. **Statement of Individual Educational Plan. This should include the name and description of the course, date of when you intend to take the course or completed the course, amount of credit offered for the course, how this course is applicable to your course of study.**

GUAM COMMUNITY COLLEGE

Office of the President 735-5700/5638

MEMORANDUM

OCT **0 I 2009**

TO: FROM: SUBJECT:

Administrators/Faculty/Staff President

Administrative Directive 2010-01

PAYBACK PROVISIONS FOR ADMINISTRATORS / FACULTY/STAFF

This Administrative Directive 2010-01 supercedes Administrative Directive 2009-01.

The Guam Community College values, encourages and supports the training and professional development of its Administrators/Faculty/Staff to further maximize and improve their knowledge and skills. Professional development for the Administrators/Faculty/Staff provides opportunities for them to serve the educational process, the academic community, and the institution by increasing their effectiveness as an Administrator/Faculty/Staff through

participation in ongoing training and development in their current capacities, while preparing for the future.

Effective immediately, when Administrator/Faculty/Staff personnel receives financial assistance from the Guam Community College and leaves the college before working the equivalent of 12- months after receipt of funding, the following table will be used to determine the amount of money to be paid to the college by the recipient:

Time Worked

After Funding Percentage J\_monthsl of.E\_back

Amount

|  |  |  |
| --- | --- | --- |
| 0 | 100.0% |  |
| 1 |  | Less $200.00 from entire travel & trip expense |
| 2 |  | Less $400.00 from entire travel & trip expense |
| 3 | 90 .0% | Of Net Balance |
| 4 | 80.0% | Of Net Balance |
| 5 | 70.0% | Of Net Balance |
| 6 | 60.0% | Of Net Balance |
| 7 | 50.0% | Of Net Balance |
| 8 | 40.0% | Of Net Balance |
| 9 | 30.0% | Of Net Balance |
| 10 | 20.0% | Of Net Balance |
| 11 | 10.0% | Of Net Balance |
| 12 | 0.0% |  |

# Memo from President

**Revised Administrative Directive 2010-01**

**Re: Payback Provisions for Administrators/Faculty/Staff Page 2 of 2**

This payback provision allows the Guam Community College to recover money, all or in part, for training of Administrators/Faculty/Staff who depart from the college prior to fulfilling their training obligations.

GCC's payback provision will not apply to college-required workshops, conferences and/or seminars approved by the president of the college. Also excluded from this provision will be travel expenses provided by a funding source separate from GCC.

This document serves as a binding contract between **(employee full name) and Guam Community College,** as acknowledged and agreed upon by the signatures below.

# (Employee Full name), Employee

**(Employee Immediate Supervisor), (Title)**

**MARY A.Y. OKADA, Ed.D., Presiden**