

COLUMBIA COLLEGE
Staff Development Proposal

Submit this form with appropriate supporting documentation to your immediate supervisor for discussion. You and your supervisor should answer the questions on this form and review the staff development proposal rubric together.

Name(s) _____	Date _____
<input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Management	

EVENT/ACTIVITY NAME _____

EVENT/ACTIVITY LOCATION _____ EVENT/ACTIVITY DATE* _____

*Please note activity must begin after staff development approval process is complete

1. Which college goal(s) does the proposed activity align with? In a sentence or two describe why.
 - ☐ Student Success
 - ☐ High Quality Programs and Services
 - ☐ Institutional Effectiveness
 - ☐ Campus Climate
 - ☐ Community Connections

2. Briefly describe how the proposed activity addresses the identified needs in your Program Review?

3. Briefly describe the activity (e.g. workshop, conference, continuing education, materials purchase, dates for pre-registration, etc.)

4. Provide a rationale for this event/activity which explains how this will enhance your expertise in your work at the college or benefit your department.

5. Does the proposed activity have a broad impact? Can it be replicated at Columbia College? Is more than one person benefitting from the proposed activity?

6. Activities involving travel require a travel request. Travel request attached? ☐ Yes ☐ No

(Out of state travel requires the Chancellor's approval.)

7. Estimated Costs (\$850.00 per person max funded by Staff Development. If applying as a group please list both total and individual costs.)

Registration	Meals	Lodging	Transportation	Other	Total

The following additional sources of funding for this proposal have been agreed upon (see manager):

<u>Source</u>	<u>Responsible Administrator</u>	<u>Amount</u>	<u>Account Number</u>
Division Travel Budget			
PEP funds (<i>Leadership</i>)			
VTEA funds			
AWE funds			
Other (specify)			

Immediate Supervisor _____ Dept. _____
Print Name

Signature Date _____

Dean _____ Dept. _____
 Print Name

 Signature Date _____

Vice President of Student Learning _____ Date _____
Signature

<u>Office Use ONLY</u>		Request Received _____
Staff Development Committee Review	Meeting Date _____	
The proposal decision by Committee:		
<input type="checkbox"/> Fully Approved/Funded	<input type="checkbox"/> Partially Approved/Funded	<input type="checkbox"/> Not Approved/Funded
Record of applicant's previous use of Staff Development funds over the past 2 years (previous date(s) and amount(s):		
Staff Development funds approved for the amount of \$ _____ (per person, if applicable)		
Total Funds Approved	\$ _____	By _____ Signature
Tracking Paper Work (Initials)		
• Individual & Dean notified of Committee decision	Date _____	By _____
• Follow-up to proposal returned	Date _____	By _____