

Faculty Development Committee

Request for Funds Application

Name: _____ Department : _____

Full-time _____ Part-time _____ **Campus:** Riverside _____ Moreno Valley _____ Norco _____ Ben Clark _____
 If Part-time, were you continuously employed at RCC for the last two years? _____

When was your last award of Staff Development funds ? _____ / _____ / _____ \$ _____
Date Amount given

Conference Name / Workshop: _____
 (DO NOT USE acronyms)

Location of Conference - Street address, City, State, County _____
 Dates of travel: From _____ To _____
 Dates of Conference: From _____ To _____

Attach a plan for on-campus dissemination or implementation of information and/or skills acquired (maximum award \$500).

Be sure to include an anticipated date/time within two months of your return.

Check all the Anticipated Benefits that apply:

- Updates instructional or student support skills.
- Represents the college as a presenter, guest speaker, or official for an activity
- Will utilize local cost-effective sites and activities if possible

**Faculty Development funds allocated one time per applicant, per academic year.
 Part-time award limited to \$100.00 (add'l \$50 for presenting workshop)**

TOTAL amount of funds on Travel Request	\$	
Department Funds	\$	
		<i>(Subtract)</i>
FDC funds requested for this application	\$	
		<i>(Subtract)</i>
Other Funding Resources	\$	
		<i>(Subtract)</i>
Remainder of funds not funded	\$	
		<i>(Faculty's Obligation)</i>

Faculty's Signature _____
(Faculty is responsible for all non-approved expenses)

FOR DEPARTMENT CHAIR AND COMMITTEE USE ONLY:

- | | | | |
|----------------------------|--------------------|-----------------|--------------------------|
| 1. Dept Funding Resources | Yes _____ No _____ | Amount \$ _____ | Dept. Budget Code: _____ |
| 2. Other Funding Resources | Yes _____ No _____ | Amount \$ _____ | Dept. Budget Code: _____ |
| 3. FDC Funding Resources | Yes _____ No _____ | Amount \$ _____ | Dept. Budget Code: _____ |

A memorandum of support from the department chair regarding the availability or non-availability of department funds for this activity is required. An incomplete application may delay FDC approval. Please attach all back-up material.

Department Chair Signature (Required) _____

FDC use Date Reviewed _____ Approved: _____ Denied: _____

**All awards contingent upon final Department, Instructional Dean and District approval.
 Out of state travel requires Board of Trustees approval.**

For any questions, please call 222-8845 and return application to Office of Institutional Effectiveness Mailbox