

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

CLASSIFIED STAFF DEVELOPMENT PROGRAM

APPLICATION FOR WORKSHOP OR CONFERENCE ATTENDANCE

Name of Employee	Work Extension	Social Security #	Date
Division / Dept	Position	College / District Office	Months/Year
Title of Workshop	Dates/Times	Location of Workshop	%FT

Description of Workshop:

Estimated Expenses		* If estimated expenses total more than the maximum of \$325, additional funding is requested from:	
Registration Fee	\$	Other College/District Funds	\$
Lodging	\$	Acct #	
Airfare / Transportation	\$	Other College/District Funds	\$
Meals	\$	Acct #	
Total Estimated Expenses*	\$		

How will this workshop or conference benefit you as an employee of the San Mateo County Community College District?

Would you be willing to share information received from this activity with other employees during an information meeting?	Yes	No

Employee Signature	Date
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Recommendation of Supervisor / Administrator

Replacement Needed?	Yes	No	Cost \$	Approved	Denied

Signature of Supervisor or Administrator	Date
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Comments: