CAÑADA COLLEGE PROFESSIONAL DEVELOPMENT APPLICATION

Classified Staff

Professional Development funds are allocated on a fiscal year basis (July 1 – June 30) and limited to \$1,000 for conferences/workshops and \$1,400 for tuition reimbursement. Applicants will need to identify additional funding for expenses that exceed the limits. Funding is limited; therefore, funding amounts are subject to change. Applications are approved on a first-come, first-serve basis. The amount awarded will be stated at the bottom of the approved application. *Proof of satisfactory completion of approved coursework with a grade of "C" or better and proof of tuition and textbook payments are required when submitting for tuition reimbursement.

Name:		Position Title:		Today's Date:		
G#:	Division/ Org #:		This pro	nis professional development opportunity will primarily		
	Conference/Worksh	on		* Tuition	Reimhurser	ment
	contenence, workshi	ОР	* Tuition Reimbursement			
	Title:		School: Major: Session/Semester:			emester:
	Date(s): to Location (City, State):					Dates
	ded this conference/work	shop before?	200130	2 1100(3)	Offics	Dutes
		Y N				
Is this a mandat		Y N				
Estin	mated Expenses (\$1,00	0 limit)				
	Registration					
	Lodging		Estimated Tuition Expenses (\$1,400 annual limit)			
Meals (use per	-diem worksheet below)				Tuition	
	sportation (Airfare/Taxi/ e/Mileage/Tolls/Parking)		Textbooks			
To	otal Estimated Expenses		Total Estimated Expenses			
_	'ANCE check request, com					with this application.
Summarize now	v this professional develo	pment opportunity	y will benefit yo	u and Canada	College.	
Submit the app	lication to the Business C	office at least 30 da	ays prior to the o	conference da	te; CANBusine	ssOffice@smccd.edu.
**I have read a	nd understand the proce	dures of the Profe	essional Develor	ment fundin	g application, i	ncluding the SMCCCD
Domestic	and/or International trav	vel policies. I agree	e to the terms a	nd conditions	of submitting	this application.
**Employee			Supervisor			
Signature:			Signature:			
	Pro	fessional Develop	ment (PD) Com	mittee Appro	vals	
PD Approved Amount:			PD Fund Account # (FOAP):			
Remaining balance (Dept. Funds):			Dept. Fund Account # (FOAP):			

Per-Diem Calculation Worksheet

(effective Jan.1,2024)

Employee Name:

Conference Date(s): to

				Total
Date(s)				
Breakfast @ \$15				
Lunch @ \$22				
Dinner @ \$33				
Total				

Meals

- 1) Only per-diem is permissible for qualified meals during approved travel. All qualified meals are reimbursed at the District set per diem rate and shall not be charged on the District procurement card.
- 2) The current per-diem rate is up to \$70 at the maximum for each day of the trip please note that taxes, tips and room service charges are included in the per-diem calculation. Partial per-diem reimbursements as noted below shall apply:

Per-diem meal allowance:

Breakfast	\$15
Lunch	\$22
Dinner	\$33

Depending on the travel start and end times, the employee may be entitled to the whole per-diem or just part of it – breakfast, lunch or dinner. For local conferences, the event start and end time will be used to determine the meal per-diem reimbursement.

Event or Flight time startsemployee can claim	Breakfast	Lunch	Dinner
Before 12 noon	X	X	X
Between 12 noon and 6pm		X	X
After 6pm			X

Event or Return flight time ends employee can claim	Breakfast	Lunch	Dinner
Before 12 noon	X		
Between 12 noon and 6pm	X	X	
After 6pm	X	X	X

3) Meals included as part of the conference registration fees shall be noted on the Statement of Conference Expense Form and shall be excluded from the per-diem. The employee will not be reimbursed a per-diem for any meals that are included in the cost of registration regardless of whether or not the employee eats the meal. In rare cases when the employee requires special meals due to health conditions, the employee shall be reimbursed only if adequate receipts are provided for any extra meals purchased in lieu of the meals included in the registration fee. When dining with another District employee or agent who receives reimbursement for his/her expenses, if one of the employees covers the cost of the other, the employee who did not pay will have his/her reimbursement adjusted by the per diem portion of that meal.