**MOUNT WACHUSETT COMMUNITY COLLEGE**

**PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM**

**Eligibility:** All those currently employed by the Commonwealth of Massachusetts at Mount Wachusett Community College.

**Instructions: 1)** Please complete this request form by providing all applicable information, keeping in mind the travel guidelines promulgated by the Commonwealth’s Office of Administration and Finance.

 **2)** Attach a copy of the conference literature/agenda

 **3)** Attacha travel authorization signed by your supervisor authorizing travel contingent upon funding

 **4)** If presenting, please submit a copy of acceptance of your proposal.

 **5)** Send completed form to your immediate supervisor for acknowledgement and signature.

 **6) Ensure that the completed and acknowledged** package is forwarded to Laurie Snoonian, Staff Assistant to Office of the President/VP of Finance and Administration, ideally a minimum of two weeks before the next scheduled Professional Development Committee meeting.

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| **REQUEST INFORMATION**  |
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| NAME:  |  INDIVIDUAL GROUP  |
| POSITION AT COLLEGE: COLLEGE CONTACT INFORMATION: |
| WHAT IS THE NATURE OF YOUR REQUEST? |
| DESTINATION: |
| DATE(S) OF ACTIVITY: |
|  |  |
| **ESTIMATED EXPENSES (TRAVEL/TUITION/CONFERENCE FEES, ETC.) — REIMBURSABLE ITEMS**  |
| PERSONAL VEHICLE: miles x $0.58 = $  |
| AIRFARE:  | $  |
| LODGING:  | $  |
| MEALS: Maximum $40.00 per day with receipts | $  |
| REGISTRATION/TUITION/CONFERENCE FEES, ETC. | $  |
| OTHER TRAVEL RELATED (e.g. parking, tolls, taxi): | $  |
| MATERIALS, SUPPLIES, BOOKS: | $  |
| MISC: | $  |
| **TOTAL REQUESTED:** $  |

**REMINDER: Confirm with your supervisor any need for an off-campus travel authorization.**

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| **RATIONALE**  |
| 1. Describe how your activity supports the college priorities (see below), NECHE recommendations, or the goals of your functional unit (President’s Office, Academic and Student Affairs, Administrative Services), department, or program.

College Priorities: * + **Student Success-** Expand options for student success through educational excellence
	+ **Access-** Increase the number of students who realize a timely and positive pathway to advanced education and employment through enrollment at MWCC
	+ **Integrative Planning-** Implement systematic and comprehensive integrative planning throughout the College that is responsive to emerging circumstances
	+ **Sustainability**- Apply practices that sustain the College’s comprehensive mission
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| 2. In what way(s) will your activity enhance the delivery of material or services that you provide to students or your functional unit?  |
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| 3. How will this activity contribute to your individual professional development for your role at MWCC?  |
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| **ALTERNATIVE FUNDS**  |
| You are encouraged to apply for other funding for this activity, if needed Yes Noto supplement your award. Have you applied for other funding?  |  |
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| If “yes,” when do you expect a decision? How much?  |   |
| **REQUIRED SIGNATURES**  |
| APPLICANT: Date:  |
| SUPERVISOR: Date:  |
| **FOR COMMITTEE USE ONLY**  |
| Date received Funds allocated Percent allocated:  |
| Approved by: \_ Date:  |
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