APPLICATION FOR STAFF DEVELOPMENT ACTIVITY
DO/EWC/FM

Name ________________________ Location: (circle one)       DO       FM       EWC
Present Assignment ___________________________ Years w/District ___________________________

1. Please give a brief description of the proposed staff development activity: ____________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

2. How is this activity related to activity approved under AB 1725? (See back of application)
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

3. How would this proposed activity benefit you? ________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

4. How would this proposed activity benefit the Los Rios District and its students?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

5. Date of proposed activity_______________________________________________________________

6. Proposed budget for the activity: Tuition/Fees ________ Room ________ Meals _____________
   Registration ________ Travel ________ Other _____________
   Total ______________

7. How do you plan to share the results of the activity with your co-workers and/or supervisor?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

If awarded staff development funds, I agree to complete the activity that I have proposed.

Signature of Applicant ___________________________ Date____________________

Approval of immediate or appropriate supervisor—I have received this application and believe _____ /do not believe _____
that it is an appropriate project/activity, which will benefit the employee, the district and its students.

Comments: _____________________________________________________________________________

Signature of Supervisor ___________________________ Date____________________

Approval of Department Manager--The project as stated in the application has _____/does not have ________ my approval,

Signature of Manager ___________________________ Date____________________

Committee Approval _________ Date___________ Amount _____________
CATEGORIES OF FUNDING IN ABI725 STAFF DEVELOPMENT

1. MAINTENANCE OF CURRENT ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS

Any activity, which supports a staff member’s ability to maintain currency in the knowledge base and technologies that underlie his/her work assignment.

2. RETRAINING TO MEET CHANGING INSTITUTIONAL NEEDS

3. COMPUTER AND TECHNOLOGICAL PROFICIENCY PROGRAMS.

Opportunity for computer literacy and advanced technological competency for all staff.

4. COURSE AND TRAINING IMPLEMENTING EQUAL OPPORTUNITY AND UPWARD MOBILITY PROGRAMS.

Courses and training implementing affirmative action and promoting sensitivity to cultural diversity and programs which encourage and support staff upgrading.

5. INTERSEGMENTAL EXCHANGE PROGRAMS.

Exchange of information and personnel among high school and the higher education segments.

6. OTHER ACTIVITIES DETERMINED TO BE RELATED TO EDUCATIONAL AND PROFESSIONAL DEVELOPMENT PURSUANT TO CRITERIA ESTABLISHED BY THE BOARD OF GOVERNORS OF THE CALIFORNIA COMMUNITY COLLEGE, INCLUDING, BUT NOT NECESSARILY LIMITED TO, PROGRAMS DESIGNED TO DEVELOP SELF-ESTEEM

7. DEVELOPMENT OF INNOVATIONS IN INSTRUCTIONAL AND ADMINISTRATIVE TECHNIQUES AND PROGRAMS EFFECTIVENESS.

Opportunities for instructional and administrative innovation and programs effectiveness.

8. IN-SERVICE TRAINING FOR VOCATIONAL EDUCATION AND EMPLOYMENT PREPARATION PROGRAMS

9. IMPROVEMENT OF TEACHING

Any activity which enhances a faculty member’s ability to deliver instruction and a student’s opportunity to learn.