

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

REQUEST FOR CONFERENCE ATTENDANCE

1. Name of Employee_____ Campus_____ Div._____
2. Name of Conference_____
3. Agency Sponsoring Conference_____
4. Conference Location: City_____ State_____
5. Conference Schedule: Start Date_____ Finish Date_____
6. Dates on which employee will be traveling and attending conference (include weekends and holidays):
Beginning Date_____ Ending Date_____
7. Will paid substitute be required: Yes_____ No_____
8. Purposes and anticipated value to the District which will be derived from attendance:

9. Funds for this conference are being compensated and have been approved by:

() Staff Development \$_____ () Academic Senate \$_____

() Other)_____ \$_____

Budget No._____

[Transportation \$_____ Registration \$_____ Hotel \$_____ Meals \$_____ Total \$_____]

10. Signature of applicant_____ Date_____

11. This section to be completed by appropriate Division Dean, Vice President and College President/Administrator:

() Approved () Not Approved

Division Dean_____

Vice President_____

President/Administrator_____

Board Approval Date_____

(This request must have PRIOR APPROVAL by the SBCCD Board of Trustees if the conference is out of state and/or exceeds \$1,000.00)