

Quincy College

Professional Development Funds Application

Please complete the application in its entirety.

Applications that are not in good order when received will be returned.

Name: _____

Title: _____

Division/Department: _____

Phone Number: _____

E-mail: _____

Office Use Only
_____ - _____ - _____
Date received: _____
Date returned: _____
Approval: <input type="checkbox"/> YES <input type="checkbox"/> NO
Date: _____
Amount: \$ _____
PO Req #: _____
End of Year Review Date: _____
Additional Amount: \$ _____
PO Req #: _____

Date of Hire: _____

Academic Year: _____

Please identify your employee category below.

Administrator

Faculty

Staff

Other: _____

Contract faculty

Contract staff

Adjunct faculty

Non-Unit Staff

Employee Status:

Full-time

Part-time

Other (e.g. Temporary, Limited Part-time)

** Please be advised that an employee currently in a 6-month introductory or warning period may not be eligible for funding.*

Total Requested Amount: _____

Please complete the Professional Development Funds Worksheet located at the end of the application. Do not attach original receipts at this time.

Have you ever received QC Professional Development Funds?

No

Yes

Provide details: _____

Professional Development Activity Information

Please check all that apply. Seminar/Conference detail (such as a printed registration & brochure) should be attached for full consideration.

Type of Event:

One-time event

Continuous event (work towards a degree)

Conference/Seminar Name: _____

(Please attach conference information such as registration form)

Location: _____

Dates: _____

Travel

Air (will reimburse up to \$200) - Destination: _____

Auto (current mileage at IRS rate) - Destination: _____

Other (taxi, bus, etc.) - Destination: _____

Required for Maintaining License/Certification

Name of License/Certification: _____

Required to Maintain Professional Membership Status

Name of Organization: _____

Degree Seeking

Anticipated Date of Graduation: _____

Required for transfer credit

University/College: _____

(Please spell out name of institution)

Name of Degree Awarding College/University: _____

Degree: _____

Course Detail/Name: _____

(Please provide OFFICIAL documentation of Course grade)

Other Educational

CEU

Non-credit

Required for accreditation

College/University: _____

Course or Seminar: _____

CEUs awarded *(indicate how many)* : _____

(Please provide official documentation)

Materials/Books/Fee's *(List all that apply)* : _____

Funding Sources

Please identify any other sources of funding for which you have applied. Please note that memberships and conferences required to maintain accreditation should be budgeted within departments and is not fundable through Professional Development.

Have you applied for funding from Perkins?

No Please explain: _____

Yes If yes, when did you apply and what amount had been approved/received?

Have you applied for Federal Financial Aid?

No Please explain: _____

Yes If yes, when did you apply and what amount had been approved/received?

Have you applied for funding from other sources?

No Please explain: _____

Yes If yes, when did you apply and what amount had been approved/received?

Please attach a separate sheet to include the following as part of your application:

1. A record of any scholarly activity, any participation on College committees and/or any other activities in support of Quincy College and its mission and goals.
2. A description of how this professional development activity will enhance future performance and the goals of the department and/or institution.

I hereby certify that all expenses on this application are related to my approved professional development activity. I further certify that all expenses listed are accurate and I have not been reimbursed for any expenses listed, excepted as noted.

Employee's Signature

Date

Committee Chair's Signature

Date

To Apply Submit completed application to profdev@quincycollege.edu

**Quincy College
Professional Development Funds Worksheet**

Employee Name: _____ Date: _____

Department: _____ PO Req #: _____

Obtained from Committee Chair

Items	Actual Cost	Other Funding Approved	Requested Funding	Amount to be Reimbursed*
Course Work				
Seminar/Conference				
Books				
Registration Fee				
Auto Mileage Total (use www.IRS.gov rate)				
Hotel				
Meals				
Car Rental				
Parking				
Tolls				
Taxi/Cab Fares				
Phone				
Airfare (up to \$200)				
Other Related Fees:				
Total				

*Complete with Committee approved funding amount.

With your application submit copies of back up documentation. Only after Committee approval, the requirements for submission include:

1. All ORIGINAL receipts confirming payments (e.g. credit card invoice, boarding pass)
2. Auto Mileage Confirmation (e.g. attach MapQuest)
3. Attach Committee approval notification
4. Sign this form in ink (no electronic signatures will be accepted)

Certification: *I hereby certify that all expenses on this form are related to my approved Professional Development activity and the expenses listed above are accurate. I further certify that no other funds have been received for the expenses listed above; I have not been reimbursed for any listed expenses, excepted as noted, and I have received approval for Professional Development reimbursement from the Professional Development Committee.*

Employee's Signature

Date

To apply submit completed application to profdev@quincycollege.edu

Upon Committee approval submit this form signed in INK with original receipts to the College Business Office