

SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
CHANCELLOR'S OFFICE

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: Date _____ 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. Indicate additional assignments: Title _____
Location _____

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

- () Staff Development \$ _____ () Academic Senate \$ _____
- () Other _____ \$ _____
(specify)

Budget No. _____

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

11. Signature of applicant _____ Date _____

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

Division Dean _____
Vice President, Administrative Services _____
Vice President, Instruction Office _____
Vice President, Student Services _____

() Approved () Not Approved

President _____

(Note: This request is for conference attendance only. It does not approve request for funds.)

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 \$499.)