



## Contra Costa Community College District

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**TO:** Management Council Members

**FROM:** Management Council Executive Board

**SUBJECT: MANAGEMENT COUNCIL EXECUTIVE BOARD REPRESENTATIVES  
MANAGEMENT/SUPERVISOR PROFESSIONAL DEVELOPMENT FUNDS**

Management Council members may apply for professional development funds to cover the costs of various job-relevant training and educational activities. **This year, each member can apply for up to \$1,000.**

Managers and supervisors may apply for these funds by completing the attached application and sending it to Julie Planchon [jplanchon@4cd.edu](mailto:jplanchon@4cd.edu), at the District Office HR Department. The amount you receive will depend on how many applications have been submitted and the amount of funds available at the time your application is received. These funds are in addition to those available to you through the career development programs of your college or site.

Confidential employees should contact Julie Planchon in HR for information regarding educational reimbursement programs and submission procedures.

If you have needs for these funds, apply as soon as possible so that we may process your application.

Thank you for your continued support.

cc: Management Council Executive Board

# Manager/Supervisor Professional Development Funds Approval Process

1. Complete a Manager/Supervisor Professional Development Funds Application prior to the event.
  - a. The purpose of the application must be consistent with one or more of the nine approved areas for fund utilization. (See attached.)
  - b. The application must contain detailed information about the conference or educational purpose (e.g., brochure).
  - c. The applicant must explain in the application how attendance at this conference/course would enhance his or her managerial skills.
  - d. The applicant must have successfully completed their probationary period with CCCC prior to submitting their application.
2. Send your application to Julie Planchon at the District Office Human Resources Department.
3. The appropriate Management Council Executive Board Committee will review your application.
4. Following approval, the applicant will be notified.
5. After the conference/course, the applicant should submit an expense claim with verification of conference/course completion to Julie Planchon at the District Office. Please submit original receipts and documentation with your expense claim.
6. All receipts, reports, transcripts, and expense forms must be returned within 45 days of the requested function. Otherwise, funds will be returned to the pot.

Funding is available up to \$1,000 per fiscal year, per applicant. Workshops/Conferences must occur in the same fiscal year the funding is being requested. How much one receives will depend on how many applications have been submitted and the amount of funds available at the time your application is forwarded.

# Manager/Supervisor Professional Development Funds Application 2024-2025

By completing this two-page application, you will facilitate the processing of your application. Please type or print clearly. Incomplete forms will be returned. Applications may be submitted until all funds are used or until May 30<sup>th</sup> of the current fiscal year. Return to Julie Planchon, District Office.

**NOTE: ONCE YOUR APPLICATION IS APPROVED, THE PROJECT MUST BE COMPLETED BY JUNE 30<sup>TH</sup> OF THE CURRENT FISCAL YEAR. ALL RECEIPTS SHOULD BE ATTACHED TO AN EXPENSE CLAIM FORM AND MUST BE SUBMITTED TO THE DISTRICT HR DEPARTMENT NO LATER THAN JUNE 30<sup>TH</sup> OF THE CURRENT FISCAL YEAR FOR REIMBURSEMENT.**

<b>Name:</b>	<b>Campus/ Ext.:</b>
<b>Title:</b>	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Amount of request: \$ _____
If part-time, number of hours per week:	<b>(\$1,000 MAXIMUM)</b>
Have you applied for funds from any other source to help defray the expenses for this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete the following:	
Source(s)	Amount(s)
<b>Type of Request:</b>	
<input type="checkbox"/> Individual Project <input type="checkbox"/> Group Project <input type="checkbox"/> Conference/Workshop	
Title: _____	
Location: _____	
Inclusive Dates: _____	
<input type="checkbox"/> I will be a presenter at the above conference/workshop as evidenced by the attached description/notification.	
<input type="checkbox"/> Other (please describe): _____	
Attach a brochure or flyer describing the conference/seminar, etc., including the location, dates, and cost OR type a brief description that includes the above information.	
My application qualifies in accordance with one or more of the nine Authorized Uses. (See attached sheet).	
List number(s) of Authorized Uses which apply:	
Identify and briefly describe the relation of your request to one or more of the nine Authorized Uses:	

My participation in \_\_\_\_\_  
 will benefit students, the college and/or enhance my professional growth in the following ways:

Estimated expenses: **(Please fill in completely.)**

Registration Fee	\$ _____
Travel	_____
Hotel	_____
Meals	_____
Other	<b>_____</b>
Total	<b>=====</b>

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**Reimbursement:** A typewritten report summarizing your project is required for reimbursement. The form for this report will be included with notification of approval of your application.

The report should be submitted with your Expense Claim in order for you to be reimbursed as soon as possible. Submit original receipts for all items along with your Expense Claim.

**Do not write below this line.**

Date Received:	MPDF Number:	MPDF Approved:
Amount Approved:	MPDF Denied:	Date Notified:
Reason for denial:		
Written Form Received:	Written Form Shared:	Expense Claim Processed:

**REVIEWED AND APPROVED**

\_\_\_\_\_  
 Signature of Co-Chair, Management Staff Development Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Co-Chair, Management Staff Development Committee

\_\_\_\_\_  
 Date

# Manager/Supervisor Professional Development Funds: Nine Authorized Usages

Approved areas for fund utilization:

1. **Improvement of Management Practices:** activities designed to change administrative processes so that organization is more efficient and effective with respect to service delivery.
2. **Maintenance of Current Academic and Technical Knowledge and Skills:** activities that assist managers/supervisors in keeping current their knowledge that is pertinent to their areas of responsibilities.
3. **Skill Training for Vocational Education and Employment Preparation Programs:** activities that facilitate program revisions in occupational education and enhance partnerships with business sector.
4. **Retraining to Meet Changing Institutional Needs:** activities that promote awareness of evolving clientele preferences and program possibilities.
5. **Development of Intersegmental Exchange Programs:** activities that link managers/supervisors with their counterparts in secondary schools and other postsecondary institutions.
6. **Development of Program Innovations and Effectiveness:** activities designed to train staff in assessing outcomes of courses and programs.
7. **Development of Computer and Technological Proficiency Programs:** activities to build staff usage of computer and other technologies.
8. **Courses and Training Implementing Affirmative Action and Upward Mobility Programs:** activities that assist women and minority group staff members in changing their occupational status within the District.
9. **Other activities** determined to be related to educational and professional development pursuant to criteria established by the Board of Governors of the California Community Colleges, including but not necessarily limited to, programs designed to develop self-esteem: activities designed to assist staff members in gaining awareness of their professional community or their own professional possibilities and potential.



## Manager/Supervisor Professional Development Funds Report Form

**Please avoid delay by submitting this typewritten report along with your expense claim form.**

**Name:** \_\_\_\_\_ **Campus/Dept:** \_\_\_\_\_

Individual Project       Group Project       Conference/Workshop       Other

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Give a brief summary of your Project/Conference. The Approval Committee would be interested in the following as they relate to your specific request. (Attach additional sheets if necessary.)

**Self-Improvement Opportunities:**

**Professional Enhancement - How can this be shared with others?**