QUINSIGAMOND Community College

QUINSIGAMOND COMMUNITY COLLEGE
STAFF DEVELOPMENT ACTIVITY FUNDING REQUEST FORM

Eligibility:

- All full-time staff currently employed at Quinsigamond Community College are eligible for a maximum of $1,500 of staff development funding within a two fiscal year funding cycle.
- Part-time staff are eligible for a maximum of $300 of staff development funding within a two fiscal year funding cycle after two consecutive years of employment and a maximum of $1,500 within a two fiscal year funding cycle after five consecutive years of employment

Instructions:

1. Complete funding request form 30 days prior to staff development activity, keeping in mind the travel, meals, and lodging guideline in the College Travel Policy.
2. Send completed form to your Supervisor and Area Vice President for acknowledgement and signature.
3. Once signatures are obtained, send completed form to staffdevelopment@qcc.mass.edu at least 30 days prior to activity, along with relevant documentation, including conference/course details, registration information, quotes for lodging, airfare, mileage, and any additional application information.
4. Once your application for funding has been approved, complete an online Travel Purchase Order Request (for conference or other activity) or Purchase Order Request (for course). Both forms are available on the QCC Intranet under Frequently Used Forms. Please use Funding Code 10, Cost Center 4610 on the TPOR or POR.
5. Within 30 days after activity has occurred, complete Staff Development Reimbursement Request and send to staffdevelopment@qcc.mass.edu along with required documentation. Include copy of approved Purchase Order or Travel Purchase Order.

APPLICANT INFORMATION		
Applicant Name:	Date:	☐ Individual ☐ Group
Job Title:	☐ Full-Time ☐ Part-Time	Years of Service:
Department:	Email Address:	Phone:

ACTIVITY INFORMATION		
Name of Activity:		
Date(s) of Activity:	Registration Deadline (if applicable):	
Location: ☐ In person ☐ Online	City (if applicable):	State:

Choose one option below, and attach copy of conference registration form and/or any additional information:

☐ I registered for the activity on _____ (date) and paid the registration fee of $ _____

☐ My activity registration/payment are contingent upon approval of this funding request

ESTIMATED EXPENSES (TRAVEL/TUITION/CONFERENCE FEES, ETC.) — REIMBURSABLE ITEMS	
Airfare:	$
Mileage: Number of round trip miles _____ at $0.725 per mile	$
Parking/Tolls:	$
Ground Transportation (Taxi, bus, shuttle, train, Uber/Lyft, etc.):	$
Automobile Rental:	$
Lodging and Room Tax: Number of nights _____ at $ _____ per night *(Lodging is permitted when employees are assigned to duty that requires them to be absent from home for more than 24 hours)*	$
Meals: Breakfast: _____ at $8.00 Lunch: _____ at $12.50 Dinner: _____ at $20.00 *(Attach required conference schedule/agenda showing that meals were not included)*	$ $ $
Registration Fee/Course Tuition Fee:	$
Miscellaneous (Specify):	$
TOTAL ESTIMATED EXPENSES:	$

RATIONALE

1. Describe how your activity supports the institutional goals and priorities (see Strategic Plan goals below) or the goals of your department.

   College Priorities:

   - **Student Success** – Achieve 100% student success
   - **Quality Education** – Lead by providing quality, innovative, and inclusive academic and workforce programs
   - **Communication & Collaboration** – Optimize communication to enhance collaboration
   - **Diversity, Equity & Inclusion** – Foster a diverse, inclusive, and engaged community
   - **Sustainability** – Strengthen QCC's organizational sustainability

2. In what way(s) will your activity enhance the delivery of material or services that you provide to students or your functional unit?

3. How will this activity contribute to your individual professional development for your role at QCC?

ABSENT FROM WORK REQUEST

Requesting to be absent from work, if applicable (Dates):
Coverage arrangements for work, if applicable (Specify):

REQUIRED SIGNATURES

Applicant Signature:	Date:
Supervisor Signature:	Date:
Area Vice President Signature:	Date:

FOR STAFF DEVELOPMENT COMMITTEE USE ONLY

Approved by:		Date:
Approved Reimbursement Amount: $		
Cost Center:	Line(s):	Fiscal Year:
Travel or Purchase Order Number:		Date TPOR/POR Received: