HIGHLINE COLLEGE

PROFESSIONAL DEVELOPMENT FUNDS REQUEST FORM

1. Complete this form and submit it to your Division's Administrative Assistant <u>BEFORE</u> any purchases are made. Your Administrative Assistant will coordinate the approval and reimbursement/purchasing processes with you.
2. After your request is approved, please communicate with your Division's Administrative Assistant for guidance on how to proceed.
3. <u>*TECHNOLOGY REQUESTS ONLY:</u> If you are requesting funds for technology/software related items, you must submit a request to Information Technology, and receive approval, <u>BEFORE</u> you submit the Professional Development Funds Request Form. The approval must be attached to this form when you submit it, or it cannot be approved.
4. <u>*MULTIPE FUNDING SOURCES ONLY:</u> If you plan to use more than just the PD budget to pay for this activity/item, you will need to complete two separate approval and reimbursement processes. Please check the below box if you are using more than one funding source related to this request.

☐ **Yes, I am planning to use more than my professional development funds to pay for this activity/item.**

TO BE COMPLETED BY FACULTY MEMBER

DIVISION_____   ☐ FT Faculty ☐ Lecturer ☐ Part-time Faculty

TYPE OF FUNDING: ☐ PD Funds ☐ Give Back Funds   AMOUNT REQUESTING: _____

TYPE OF REQUEST (*select all that apply*):

☐ Registration (*attach event information and schedule*)   ☐ Lodging (*Number of nights: _____*)
☐ Membership/subscription   ☐ Meals (*Number of meals: _____*)
☐ Books/resources *(attach a list of items and totals)*   ☐ Personal vehicle mileage
☐ IT equipment/software (*attach IT approval*)   ☐ Transportation (*airfare, train ticket, car service*)
                                                                 ☐ Other travel expenses (*baggage fees*)

☐ Other: (*please describe*):_____

<div style="background:#d9d9d9">

IF YOU ARE ATTENDING A CONFERENCE/EVENT, PLEASE PROVIDE THE BELOW DETAILS:
Event name: _____ Destination: _____Travel Dates: _____

</div>

Please describe your request in detail (<u>*ATTACH REQUIRED DOCUMENTATION, as outlined in TYPE OF REQUEST*</u>)
_____
_____

Please describe how your request supports your professional development as a faculty member at Highline College:
_____
_____
_____
NAME: _____ SIGNATURE_____ Date: _____

For Division Administrative Assistant Current balance:_____ Remaining balance (*after request*):_____

NAME: _____ SIGNATURE_____ Date: _____

For Division Chair
NAME: _____ SIGNATURE_____ Date: _____