

COMMUNITY COLLEGE SYSTEM of NEW HAMPSHIRE

26 College Drive, Concord, NH 03301

REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS

EMPLOYEE INFORMATION

(All employee information is required. Any spaces left blank will result in a delay in processing your request)
THIS REQUEST SHOULD BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO REQUESTED ACTIVITY.

NAME: _____	COLLEGE: _____
HOME ADDRESS _____	DAY PHONE: _____
CITY _____ STATE _____ ZIP _____	EVENING PHONE: _____
JOB TITLE: _____ DEPARTMENT: _____ TEACHING DISCIPLINE: _____	
EMPLOYMENT STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME DATE OF HIRE: _____	
<input type="checkbox"/> No State Time is involved in this requested activity. <input type="checkbox"/> State Time is involved in this requested activity and has been approved by the employee's supervisor & appointing authority.	
EMPLOYEE SIGNATURE: _____	DATE: _____

PROFESSIONAL DEVELOPMENT ACTIVITY INFORMATION

TITLE OF ACTIVITY: _____	
LOCATION: _____	
<i>(Authorization for Travel form must accompany this request.)</i>	
DATES OF ACTIVITY:	BEGINNING: _____ ENDING: _____
COSTS OF ACTIVITY:	\$ _____ Registration Fee
<i>(Attach documentation.)</i>	\$ _____ Out-of-State Travel Expenses (Do not separate in-state travel expenses)
	\$ _____ In-State Travel Expenses
INDIVIDUAL PROGRAM INFORMATION: Provide a brief explanation of reason for participating in this activity and how it relates to present work responsibilities:	

CERTIFICATE OF TRAVEL

I CERTIFY THAT IT IS MORE EFFICIENT FOR THE EMPLOYEE'S TRAVEL TO PROCEED FROM: (check one)	
<input type="checkbox"/> PLACE OF RESIDENCE OR <input type="checkbox"/> COLLEGE/SYSTEM OFFICE	
THE EMPLOYEE IS AUTHORIZED TO USE HIS OR HER PERSONAL VEHICLE.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Supervisor's Signature _____	Date _____
* Whenever possible, CCSNH owned vehicles should be utilized for authorized business travel.	

FUNDING REQUEST

SOURCE OF FUNDS: STATE GRANT PROGRAM OTHER: (Specify)_____

IF GRANT-FUNDED, SPECIFY GRANT PROGRAM: PERKINS OTHER : _____

If requesting the use of Perkins Grant Funds, the Perkins Manager must complete the Carl Perkins Grant Authorization section below.

INSTITUTION APPROVALS

<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Explanation: _____ _____ _____ _____ _____ Signature-Supervisor Date	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Explanation: _____ _____ _____ _____ _____ Signature-Staff Development Committee, President, or Designee Date
---	--

CARL PERKINS GRANT AUTHORIZATION

CARL PERKINS FUNDING

COMPLETE THE FOLLOWING: (Completed by CP Project Manager Only)

Program Improvement Funding: Please describe how the proposed staff development activity will improve career and technical programs. Check all staff development characteristics below that apply and provide additional comments:

- in use of state of the art technologies, e.g., distance learning
- in state of the art vocational and technical education programs
- in techniques in effective teaching skills based on research
- in effective practices to improve parental and community involvement
- in staying current with all aspects of the industry
- internship program that provides business experiences to educators
- in the use and application of specific technologies (described below)

Comments: _____

Signature – Perkins Project Manager

Date

- **Original to Business Office**
- **Copy to employee**
- **Copy to HR Office or Staff Dev Committee**