

APPLICATION FOR WORKSHOP OR CONFERENCE ATTENDANCE

ADMINISTRATOR STAFF DEVELOPMENT PROGRAM

Employee Name		G#
Dept/Division	Job Title	College / District Office

Workshop Title	Dates/Times	Workshop Location
-----------------------	--------------------	--------------------------

Description of Workshop:

Estimated Expenses	
Registration Fee	\$
Lodging	\$
Airfare / Transportation	\$
Meals	\$
Total Estimated Expenses*	\$

Other College/District Funds	\$
Acct #	
Other College/District Funds	\$
Acct #	

How will this workshop or conference benefit you as an employee of the San Mateo County Community College District?

Would you be willing to share information received from this activity with other employees during an information meeting?	Yes	No
--	------------	-----------

--	--

Employee Signature	Date
---------------------------	-------------

--	--

Supervisor Signature	Date
-----------------------------	-------------

--	--

Administrator Signature	Date
--------------------------------	-------------

Please forward this application and any pertaining information to District Budget Officer.

Chancellor's Office: Peter Fitzsimmons, **Phone:** (650) 358-6778, **Email:** fitzsimmonsp@smccd.edu.