Professional Development Fund Request Info

PD Request - Internal Guidelines

* Grant up to 50% of professional development funds to applicants in the fall semester and any unused balance in the spring and summer. There will be three rounds of application review (August, December, April). Early or late applications may be reviewed on a case-by-case basis depending on required cover sheet that justify such review).
* There will be a cap on funding. Applicants may receive up to $3000 for mainland PD opportunities and up to $1200 for local PD opportunities. This cap will enable faculty to plan and raise additional funds if necessary. This will also help the committee serve a larger number of faculty and staff members.
* There will be a 3 year cycle during which any faculty or staff member may receive up to $3000 in funds. This cap will help faculty and staff members plan for their professional development and raise additional funds if necessary.
* Any unused or returned funds may be redistributed to already approved applicants who did not receive the maximum $3000/$1200 for their professional development request, may be distributed to applicants who were not initially approved for funding, or will be held over for the next funding period.
* Lecturers may be eligible for funding if they have taught a minimum 6 credits in each of the last 4 consecutive semesters at Hawai‘i CC.
* All funding recipients will be required to submit a Completion Report, as well as participate in one of the following “share-out” activities:
	+ Campus workshop coordinated through FSD committee
	+ Departmental workshop coordinated through DC/Unit manager
	+ Instructional Guide (digital) submitted to FSD committee and made available to campus on website.
	+ Other activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (would need to be approved by a body before funding is approved)

*Requests are evaluated on the basis of equitable access to professional development opportunities for all faculty, staff, and lecturers. Hawai‘i Community College is an equal opportunity/affirmative action institution and is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, disability, marital status, arrest and court record, sexual orientation, status as a covered veteran, national guard, victims of domestic or sexual violence, gender identity and expression, genetic information, citizenship, credit history, and income assignment. For inquiries regarding our nondiscrimination policies, please contact the Office of the Vice Chancellor for Student Affairs, hawvcsa@hawaii.edu. For disability accommodations, please contact Disability Services at 934-2725.*

**HAWAI‘I COMMUNITY COLLEGE**

**PROFESSIONAL DEVELOPMENT FUND APPLICATION**

| **Request Date:** |
| --- |
| **Applicant:** | **UH Username:**  |
| **Division/Unit:** |
| **Employee Classification: (Check one)**⬜ Faculty ⬜ APT ⬜ Civil Service ⬜ Lecturer |
| **Number of years in this position: (Check one)**⬜ 0-2 years ⬜ 2-4 years ⬜ 4-7 years ⬜ 7-10 years ⬜ 10+ years |
| **Have you applied for PD funding before?** ⬜ Yes ⬜ NoIf yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was it approved? ⬜ Yes ⬜ No |

**Professional Development Type (check one)**

☐ Conference

☐ Workshop/Seminar/Webinar

☐ Class

☐ Resource (self-study) materials

☐ Certification program

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Professional Development Details**

| Title: |
| --- |
| Date(s): | Location:  |

Briefly describe the course/certification program and what impact that it will have on you.
Limit description to approximately 200 words or less.

|   |
| --- |

Briefly describe the course/certification program and what impact that it will have on your office/unit/department, Hawai‘i CC students and/or the College.
Limit description to approximately 200 words or less.

|   |
| --- |

Briefly describe how this professional development activity supports [College plans and/or Campus Directions](http://hawaii.hawaii.edu/docs/strategic-plan).

|   |
| --- |

As a condition of funding, you will be responsible for “sharing out” the information, knowledge, and/or skills gained, by doing one of the following.

* + Conducting a campus workshop coordinated through the Faculty/Staff Development committee.
	+ Conducting a departmental workshop coordinated through your DC/Supervisor.
	+ Creating a digital Instructional Guide and making it available to the campus by submitting it to the FSD committee for posting.
	+ Other activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how you intend to share your knowledge with our Kauhale

|   |
| --- |

**Estimated Costs**

* All cells must be completed (insert “$0” if needed).
* Airfare/Hotel costs vary widely. It is expected that employees will exercise prudent business judgment concerning cost and comfort and use the conference negotiated rates, or the most cost effective rates available.

| **Items** | **Request from****PD Fund** | **Requested from Other Sources** | **Total** |
| --- | --- | --- | --- |
| **Event related costs**(e.g.. registration, fees, materials) |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Travel expenses** |   |   |   |
| **Airfare** Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **Lodging**Name of hotel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Conference hotel? ☐ yes ☐ no \_\_\_\_ nights at $\_\_\_\_\_\_ per night |  |  |  |
| **Ground transportation**Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **M&IE Allowance:**\_\_\_\_ days at $\_\_\_\_\_\_ per day |  |  |  |
| **Miscellaneous** |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Cost** | PD Fund$ | Other sources$ | Total$ |

Applicant:

I certify that I am the applicant and that I completed this form personally. I reviewed the application and I am submitting all of the required documents.

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor:

I have reviewed the application, discussed this activity with the applicant, and support this application for professional development.

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Submission Instructions:

* Complete the application form.
* Discuss and obtain support/approval from your supervisor.
* Submit a copy of the flier/brochure/webpage describing the PD opportunity.

**HAWAI‘I COMMUNITY COLLEGE**

**PROFESSIONAL DEVELOPMENT FUND APPLICATION**

**COMPLETION REPORT**

Complete and submit this completion report to the chair of the Faculty/Staff Development Committee no more than 30 days following the PD completion date.

| **Applicant:** |
| --- |
| **Division/Unit:** |
| PD Event/Activity Title: |
| Date(s): | Location:  |

**Actual Costs**

* Copy information from application and insert the amounts requested from the PD Fund.
* List the actual costs for each line item.
* Use the Comments field to explain any difference between requested and actual costs.

| **Items** | **Requested from PD Fund** | **Actual Cost** | **Comments** |
| --- | --- | --- | --- |
| Event related costs(e.g.. registration, fees, materials) |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Travel expenses |   |   |   |
| Airfare: Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Lodging:Name of hotel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Conference hotel? ☐ yes ☐ no \_\_\_\_ nights at $\_\_\_\_\_\_ per night |  |  |  |
| Ground transportation:Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| M&IE Allowance:\_\_\_\_ days at $\_\_\_\_\_\_ per day |  |  |  |
| Miscellaneous |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Cost** | PD Fund$ | Other sources$ | Total$ |

Rate your level of agreement with the following statements.

|   | **Strongly AGREE** | **Agree** | **Disagree**  | **Strongly DISAGREE**  |
| --- | --- | --- | --- | --- |
| The activity met my professional development expectations. |  |  |  |  |
| I feel I gained information and skills that could help improve my effectiveness at Hawai‘i CC. |  |  |  |  |
| I feel this activity was valuable and informative, and recommend the College support this activity for future participants. |  |  |  |  |

Describe the information, knowledge, and/or skills gained from participating in this PD activity.

|   |
| --- |

Describe how you will personally apply your experience to your work.

|  |
| --- |

As a condition of funding, you agreed to “share-out” the information, knowledge, and/or skills you gained from participating in this PD activity by doing one of the following.

* + Campus workshop coordinated through FSD committee
	+ Departmental workshop coordinated through DC
	+ Instructional Guide (digital) submitted to FSD committee and made available to campus on website.
	+ Other activity approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how you will share your experience with your office, department, or the faculty/staff at large.

|  |
| --- |

Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_