### WESTERN NEVADA COLLEGE COLLEGE STAFF DEVELOPMENT

#### The College Staff Development Committee is a subcommittee of the Budget Committee

The mission of the College Staff Development Committee is to support the college's commitment to the professional growth and development of its faculty and staff.

#### The committee will accomplish this by:

- -Disbursing funds to enable employees to develop their skills and training for the benefit of the college community.
- -Maintaining guidelines for the staff development process including prioritization of applications, employee eligibility for funds, and tracking of completed staff development activities.

Please refer to the College Staff Development Guidelines for details about the process of requesting staff development funds.

#### APPLICATION COVER SHEET

Applicant Name:			
Event Name:	Please do not use acronyms	, but list the full name	
Event Location:			
Event Dates:	A date is needed. Please do not use any form of TBA or TBD.		
Amount Requesting:			
administrative use only			
·	 Signature		
RECEIVED BY	Signature	Date	
RECEIVED BY SCANNED BY	Signature	Date Date	
RECEIVED BY  SCANNED BY  COMMITTEE DECISION	Signature		
RECEIVED BY  SCANNED BY  COMMITTEE DECISION  APPROVED/DENIED BY CO	Signature  Signature	Date	

## WESTERN NEVADA COLLEGE COLLEGE STAFF DEVELOPMENT FUND Application

(See College Staff Development Fund Committee Guidelines)

Name:		Telephone:	Telephone:	
Emai	l:	Department:		
as so	oon as pos	adline – Apply early. Applications for College Staff Develop sible, but at least one month prior to travel. Plan accord nce and financial information attached to heather.rikalo@wnc	ingly. Submit completed application	
Pleas	e answer the	e following questions on this cover sheet.		
1. N	lame of even	t, Place and Date(s) of activity – <u>Please do not use acronyms, but list</u>	the full name:	
Even	t:			
Place	e:			
Dates	s:			
		n awarded College Staff Development funds within the current academ oose? Please attach additional documentation as necessary.	c year? If so, how much was funded and	
	Yes:	Event funded:	No:	
3		: The College Staff Development Committee is authorized to fund d amount.	applications up to the current	
A	A. How mu	ich will this event cost in total?	\$	
F	3. How mu	ich are you requesting from College Staff Development?	\$	
(	C. How mu	ich departmental funding will be used?	\$	
Ι	D. How mu	ich are you being funded from other sources?	\$	
	(Consult	ring fees, sponsoring agencies, honorariums, grants, etc.)		

- 4. Please answer the following questions on a **separate sheet** of paper and provide the materials indicated.
  - A. **Describe the nature of the activity (no acronyms)** for which funding is requested (what, where, when) and **how it relates to items 1-6, under Section V in CSD guidelines.** Include/attach information of the program announcements, agendas, descriptions. Failure to provide information for requested funding may result in a hold of the application until completed.
  - B. **Attach a financial breakdown** of the total cost for this activity. Include per diem, all transportation costs, any conference fees or workshop fees (see WNC Business office travel procedures, information, and forms <a href="https://wnc.edu/controller/financial-services.php">https://wnc.edu/controller/financial-services.php</a>). <a href="https://wnc.edu/controller/financial-services.php">Must include/controller/financial-services.php</a>). <a href="https:/
  - C. **Specify how this activity would contribute to your professional development** within your assigned job function. How does it relate to the achievable, measurable goals for your department/division?

## WESTERN NEVADA COLLEGE COLLEGE STAFF DEVELOPMENT FUND

(Application Page 2)

5.	(Initial)	(Initial) I have read and understand the College Staff Development Committee Guidelines that can be found on the Budget Committee web page.					
	What is yo	our employment status with WNC? Plea	se check all applicable boxes:  Full-time Administrative				
		Full-time Academic Faculty	Faculty				
		Part-time Academic Faculty	.53 or more Classified Staff				
		Taught at least two fall/spring semes and completed at least six credits (no including current semester or summe semesters)	t Currently teaching this semester				
	Signature:	Faculty/Staff Member	Date:				
6. <b>Tl</b>	his section	is to be completed by your Super	visor.				
		Supervisor supports application.	Supervisor <b>does not</b> support application.				
	Employee is <u>REQUIRED</u> to attend <u>THIS SPECIFIC</u> training for his/her job. Yes No If yes, please explain.						
	College Staff Development is authorized to fund applications up to the current approved amount.						
	Would yo trip?	u be willing to fund the difference if th	is employee is not funded for their entire  Yes No				
	REQUIRE	D: Supervisor's comments in support o	f this application:				
	Supervisor Signature		Date:				
	Printed n	name:					

# WESTERN NEVADA COLLEGE COLLEGE STAFF DEVELOPMENT FUND Project Report

**Instructions:** Please complete the following information and submit the report to the CSD Committee Chair (heather.rikalo@wnc.edu) **within 30 days of completion of funded travel**. Failure to submit in a timely manner may restrict further funding for you.

Staff/Faculty Name:		
1. Name Place and Date(s) of activity -	- <u>Please do not use acronyms, b</u>	out list the full name:
Event Name:		
Place:		
Dates:		
Incomplete forms or incomplete be returned for completion.	answers may delay approval by	the committee and may
1. Introduction of the project:		
2. What was the impact of the project on y	your professional development?	
3. What is the impact of the project on th	e fulfillment of WNC's mission?	
Staff/Faculty printed name	Staff/Faculty signature	
Stan/racuity printed name	Stan/racuny signature	Date
Supervisor printed name	Supervisor Signature	Date

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