



Classified Senate

Request for Classified Senate Conference Travel Funding

[Approved: _____]

Applicant Information

Full Name: _____ Date: _____
Last *First*

Phone: _____ Email: _____

Area? (Select)	Area of President's Office/ Business & Administrative Services	Area of Instruction	Area of Student Services
_____	_____	_____	_____

Conference Information

Conference Title: _____

Host Organization for Event: _____

Description of Conference/Event:

Conference Location: _____

Dates of Conference: From: _____ To: _____

Expected Learning

Please select the **ONE** option below that best describes your expected learning at the conference/event.

Option #1: New knowledge and/or skills related to my primary job assignment

1a. Please describe the new knowledge and/or skills you expect to learn at the conference/event and how these will enhance your ability to carry out your primary work at the college.

Option #2: New knowledge and/or skills related to the goals laid out in the PCC mission:

Pasadena College is an equitable learning community dedicated to enriching student's personal, academic, and professional lives through comprehensive degree and certificate programs, campus engagement, and customized student support.

2a. Please describe the new knowledge and/or skills you expect to learn at the conference/event and how these will enhance your ability to support achievement of the goals laid out in the PCC mission.

Share Out Plan

In attending the previously described conference/event, you will have the opportunity to learn new knowledge and practices that if shared out could benefit our college more broadly. In which of the following venues would you be willing to share out your learning?

- Facilitate break out session on Flex Day
- Facilitate break out session on Classified Day
- Facilitate presentation in your area
- Other: Explain _____

Agreement and Signature

I agree to execute my share-out plan within six academic calendar months of attending this conference. I understand that if I fail to do this, I may not be eligible for funds next academic year. I also understand that this information may be archived for public viewing.

Applicant Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Classified Senate President Signature
(or VP, if President not available): _____ Date: _____