

# Conference, Honorary Leave, Short Course Request Form for UPM/AFT Unit Members

SUBMIT COMPLETED FORMS TO HUMAN RESOURCES. PLEASE TYPE OR PRINT FIRMLY.

Name \_\_\_\_\_ Discipline(s): \_\_\_\_\_

Date of Application \_\_\_\_\_ Phone \_\_\_\_\_

IS THIS 15 WORKING DAYS IN ADVANCE OF LEAVE?  
IF NOT ATTACH WRITTEN REQUEST FOR WAIVER.

Check one:

- Permanent/Probationary unit member
- Temporary (part time) unit member (must be employed for at least 40% FTE or average 40% in academic year). Your % FTE? \_\_\_\_\_

BE SURE TO ATTACH:

- Brochure or published materials describing activity
- Completed CEU Waiver
- Completed Substitute Form if needed

LEAVE TYPE (check one):

- Short course (Section 5.5.1.2 of the District/UPM Contract)
- Conference leave (Section 5.5.1.2 of District/UPM Contract)

- Honorary leave (Section 5.15 of District/UPM Contract)
- District directed or required leave \_\_\_\_\_

REQUIRES SIGNATURE OF VP/DEAN

NAME OF CONFERENCE/SHORT COURSE: \_\_\_\_\_

YOU MUST ATTACH CONFERENCE OR SHORT COURSE MATERIALS OR HONORARY LEAVE INVITATION.

LOCATION OF EVENT: \_\_\_\_\_

CRITERIA MET (check one or more):

- Significant benefit to the institution (explain): \_\_\_\_\_
- Benefit to member by staying current in own discipline
- Benefit to District by retraining member for teaching, counseling, librarianship, or administration
- Enhancement of teaching methodology
- Increased expertise in meeting learning needs of a changing student population, i.e., re entry student, older student, remediation, etc.
- Formally invited to participate in professional activities with a recognized group, organization, or national/international body

List other MCCD personnel who will attend: \_\_\_\_\_

GIVE NAME, TEACHING DISCIPLINE(S)

DATES OF LEAVE: From \_\_\_\_\_ to \_\_\_\_\_ Will you share: Hotel costs?  Yes  No Transportation costs?  Yes  No

Dates you will be absent from class: \_\_\_\_\_ Dates and hours you will need a  Paid  Trade Substitute: \_\_\_\_\_

Name(s) of paid/trade substitute: \_\_\_\_\_

**BUDGET INFORMATION:**

All items must be completed or the form will be returned.

Roundtrip transportation:

Car: \_\_\_\_\_ miles @ \_\_\_\_\_/mile = \$ \_\_\_\_\_

Airfare: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Hotel: Your cost for \_\_\_\_\_ nights is \$ \_\_\_\_\_

Conference fee: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Other Fees: \_\_\_\_\_ \$ \_\_\_\_\_

Total travel cost: \$ \_\_\_\_\_

If honorary leave, amount of compensation: \$ \_\_\_\_\_

Above to be paid from General Funds: \$ \_\_\_\_\_

Categorical Funds:\* \$ \_\_\_\_\_

Outside Agency Funds:\* \$ \_\_\_\_\_

Total Funds: \$ \_\_\_\_\_

\*Requires signature of

Budget Manager: \_\_\_\_\_

**APPROVALS**

**Professional Affairs Committee Action:**

Recommended for approval, for \$ \_\_\_\_\_

Out of State—needs Superintendent/President approval \$ \_\_\_\_\_

Recommended for disapproval

Comments: \_\_\_\_\_

PAC Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Vice President/Dean Action:**

Approved

Disapproved (If disapproved, return to originator who may appeal; see Grievance Article in contract.)

Reason: \_\_\_\_\_

VP/Dean Signature: \_\_\_\_\_ Date \_\_\_\_\_