

GREAT BASIN COLLEGE
FACULTY SENATE COMPENSATION AND BENEFITS COMMITTEE
PROFESSIONAL DEVELOPMENT FUNDS REQUEST FORM

Name: _____ Event: _____
 Dates: _____ Location: _____

Purpose of Conference or Event:

Benefit to College:

How this will improve my teaching and/or department:

Method of Transportation:

ESTIMATED COST *	
Transportation:	_____
Lodging:	_____
Registration:	_____
Meals:	_____
Other:	_____
Total Estimated Cost:	_____

Meal Estimates: See the "Per Diem" handout
Lodging Estimates: See the "Lodging" handout
Mileage: See the in-state Mileage Map and the "Per Diem" handout.

When traveling out-of-state, all receipts, except food, must be submitted: e.g., taxi, parking, motel, etc.

Applicant's Signature	Date
Department Chair	Date
Division Dean	Date

Please attach all relevant documents that could help the committee make a decision. (i.e., conference brochures, etc.)

APPROVAL:

Amount: _____	Faculty Senate Compensation and Benefits Chair	Date
Amount: _____	Prof Development/Vice President-Academic Affairs	Date

GREAT BASIN COLLEGE
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Professional Development Funding Request Checklist

This checklist is to be completed by applicant.

Criteria	Points Earned/Points Possible
1) Applicant is applying for re-certification and/or licensing for His/her technical field (Violates the committee's boundaries)	Application not considered
2) Applicant is applying for summer travel (Violates the committee's boundaries)	Application not considered
3) The deadline for submission of request has been met (Submission must be received by Committee Chair prior to deadline below for Committee consideration) Fall Semester - October 31 st – Spring Semester - March 30 th	___/ 1 point
4) Constitutes allowable submissions per this container for the academic semester (Number of Container Voting Reps denote allowed submissions) Number of department requests does not exceed number of department/voting container voting representatives.	___/ 1 point
5) Applicant is a presenter or co-presenter at this conference or event. *(see below) (Must include documentation in request packet)	___/ 3 points
6) Amount of time that has transpired since last application approval. 0 point = Applicant received funds within one year. 1 point = Applicant has not applied for funding within last year. 2 points = Applicant has never applied for funding.	___/0-2 points
7) Level of critical benefit to the institution. 0 point = no impact; personal development only 1 point = impact is at department/program level only 2 points = impact is across several departments/program levels. 3 points = significantly impacts the institution and/or majority of the student population.	___/0 – 3 points
8) Degree of travel required for this Conference or event. 1 point = the rest of the 48 contiguous states 2 points = in a state bordering Nevada 3 points = within the state of Nevada	___/ 1 – 3 points
Total Points Earned	___/13 Possible

(1 point score minimum on bold items is mandatory for funding consideration)

*Presenters are eligible for an additional 10% funding in excess of the established ceiling