

**SANTA ROSA JUNIOR COLLEGE
CLASSIFIED SENATE**

**Bea Griffiths Professional Development Project Proposal Application
(Maximum Amount - \$200.00 per person per fiscal year)**

TITLE OF ACTIVITY: _____

Name of Applicant(s): _____ **Department/Area:** _____

Office Phone: _____ **Home/Cell Phone:** _____

Date(s) of Activity: _____ **Location:** _____

1. Brief Description (attach brochure/flyer):

2. How will this activity enhance your skills, abilities or professional expertise?

3. How will others benefit from your participation in this activity?

4. Applicant's Commitment: I agree to complete and give a brief presentation of this activity to the Classified Senate.

Applicant's Signature: _____ **Date:** _____

5. Anticipated Expenses:

Travel Costs \$ _____
Lodging/Meals \$ _____
Registration/Fees \$ _____
Deduct Other Funds (circle)
Dept/Personal/None \$- _____
Total Funds Requested \$ _____

Submit:

*Original Application
Completed Travel Request
(if applicable)
Return to: Classified Senate
Mailbox. Allow two weeks for
processing*

6. I support this project proposal _____

Immediate Supervisor's Signature (if during work hours)

For Committee Use

Approved Date: _____

Date Notified: _____

Denied/Reason: _____

Date Notified: _____

Date of Presentation to Classified Senate: _____