



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 board 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 _____

Marin Community College District

**ASSIGNED HOURS AND SUBSTITUTE ARRANGEMENTS FORM
FOR CONFERENCE OR HONORARY LEAVE
(MCCD/UPM Contract Article 5.5.3.6)**

Office: KTD _____ IVC _____ Office Phone: KTD _____ IVC _____

	8:10 to 9:00	9:10 to 10:00	10:10 to 11:00	11:10 to 12:00	12:10 to 1:00	1:10 to 2:00	2:10 to 3:00	3:10 to 4:00	4:10 to 5:00	7:00 to 10:00
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										

1. Fill out schedule, including office hours.

2. List the period of leave.

From: _____ a.m./p.m. To: _____ a.m./p.m.
Day/Time Day/Time

3. List the arrangements for covering your obligations during the above period of leave: (e.g., substitute, trade with named faculty member, etc.).

DATE

ARRANGEMENT

CEU Waiver

TO: Faculty

FROM: Professional Affairs Committee

Subject: CEU hours or units (Section 5.5.3.5 of Contract)

I _____ will not use units or CEU hours offered at _____ conference on _____

to advance myself on the College of Marin salary schedule. This form will be kept on file in Human Resources.

Signature _____ Date _____