



Conference Request Instructions

There is a 3-step approval process for conference attendance: SAC approval, RSCCD approval, and funding source approval.

Complete the conference request process **6 or more weeks in advance**, allow **8 weeks for out of state conferences**. Obtain your supervisor's approval before beginning the conference request process.

At least 6 weeks prior to the conference:

- ☐ Complete **SAC Conference Funds Request Form** (1 per person/group)
- ☐ Obtain immediate supervisor's signature
- ☐ Send completed **SAC Conference Funds Request Form** only to one funding source administrator for evaluation:

Santa Ana College (SAC)

- Basic Skills – Huebsch_Mary@sac.edu
- CTEA – Division Dean
- SWP (Strong Workforce Program) – Cardenas_Susana@sac.edu
- Guided Pathways – Bustamante_Monica@sac.edu
- SAC Professional Development/Student Equity – ProfessionalDevelopment@sac.edu

School of Continuing Education (SCE)

- Adult Education Program (AEP) – Gascon_Christine@sccollege.edu
- BSI – Sotelo_Sergio@sac.edu
- SSSP & SWP – Paramore_Stephanie@sac.edu

Other:

- Submit to appropriate funding source administrator for any other funding source not listed.

After funding approval is received complete the following:

- ☐ If a group request was submitted, requester is responsible to notify other attendees.
- ☐ Complete **RSCCD Conference Request Claim Form (CRC)**. (estimated expenses)
(Attach Conference Agenda, Transportation Quote, Lodging, and Registration. For further directions reference to the 'Instructions for Completing Conference Forms' document.)
- ☐ Attach approved **SAC Conference Funds Request Form**.
- ☐ Submit to Supervisor for processing.

After the conference:

- ☐ Complete **RSCCD CRC Form**. (actual expense report)
- ☐ Complete the **SAC Conference Summary**.
- ☐ Email **SAC Conference Summary** PDF document to ProfessionalDevelopment@sac.edu.

Link to combined RSCCD and SAC conference packet:

www.sac.edu/FacultyStaff/professional-development/Documents/Conference Materials/RSCCD CRC and SAC packet.pdf

INCOMPLETE FORMS WILL NOT BE ACCEPTED



Conference Funds Request Form

Submit to appropriate funding source administrator for funding approval. (ONLY IF FUNDING IS NEEDED)

Request for Conference Funds from:

Conference Name:

Conference Location:

Conference Date(s):

Conference Website link or attach agenda:

1. What of the following will the conference address? Please check all boxes that apply.

Integrated Plan Goals

- ☐ Increase number of students who transition from SAC noncredit to SAC credit or who are prepared successfully to enter the workforce.
- ☐ Increase the percentage of students who complete an English or Mathematics transfer-level course within the first year of college.
- ☐ Increase percentage of students who make an informed decision to declare a major by the third semester or by attainment of 15 degree applicable units.
- ☐ Decrease the average amount of time it takes students to complete degrees or certificates.
- ☐ Increase the percentage of students who become transfer ready, attain transfer degrees or transfer.

Disproportionally impacted student population this activity will impact:

- | | | |
|---|---|--|
| <input type="checkbox"/> Current or former foster youth | <input type="checkbox"/> Veterans | <input type="checkbox"/> Homeless students |
| <input type="checkbox"/> Students with disabilities | <input type="checkbox"/> First-generation students | <input type="checkbox"/> LGBTQ students |
| <input type="checkbox"/> Low-income students | <input type="checkbox"/> Students in specified ethnic and racial categories | <input type="checkbox"/> Other _____ |

Guided Pathways Pillars

- | | |
|--|--|
| <input type="checkbox"/> Clarify the path. | <input type="checkbox"/> Help students stay on the path. |
| <input type="checkbox"/> Help students enter the path. | <input type="checkbox"/> Ensure students are learning. |

2. Please describe the specific benefits to [student success](#) and/or [equity](#) that you anticipate by attending this conference. Refer to your department's strategic plan or goals if possible.

3. List totals for all known requests. Estimate registration, meals, hotel cost, transportation, other:

Attendees (attach another page for more than 4 attendees):	Department:	Total Estimated Cost :	APPROVED AMOUNT*:
i.			
ii.			
iii.			
iv.			
Total amount being requested:			

Administrator/Manager Signature:

Funding Source Manager/Approver Signature:

☐ APPROVED* ☐ NOT APPROVED* BUDGET CODE*:

*FOR FUNDING SOURCE ADMINISTRATOR USE ONLY

Updated on 3/28/2019