

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.

Obtain Conference Fund Information (at least 6 weeks prior to the conference):

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

Santa Ana College (SAC)

- CTEA – Division Deans
- CTEA (Perkins) – Cardenas_Susana@sac.edu
- SWP (Strong Workforce Program) – Cardenas_Susana@sac.edu
- Guided Pathways – Miranda_Cristina@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:

- Type in the funding source not listed above. Ex: Guided Pathways, Special Funds....
- Submit to appropriate funding source administrator for any other funding source not listed.

After funding approval is received complete the following:

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](http://www.sac.edu/FacultyStaff/professional-development/Documents/Conference%20Materials/RSCCD%20CRC%20and%20SAC%20packet.pdf)

INCOMPLETE FORMS WILL NOT BE ACCEPTED

Requesting Conference Funds/Funds Allocated From: _____

Conference Name: _____

Conference Location: _____

Conference Date(s): _____

Conference Website Link or Attach Agenda: _____

1. Which of the following will the conference address? Conference summary should reflect takeaways pertaining to areas checked.

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

Guided Pathways Pillars

- Clarify the path. Help students enter the path. Help students stay on the path. 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 total funds for conference request. Estimate registration, meals, hotel cost, transportation, other.

Attendee (each attendee must submit a separate form):	Department:	Total Estimated Cost:	APPROVED AMOUNT:

4. Attendee's Manager's signature indicates approval of attendance.

ADMINISTRATOR/MANAGER _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

5. Signature of Manager overseeing funding for attendance is required.

FUNDING SOURCE MANAGER/APPROVER _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

BUDGET CODE: _____