

Prior Approval of Faculty Training Activity & Certification of Attendance (2025-2026)

This form must be submitted to your Dean/Supervisor for pre-approval before the activity occurs.

Congratulations on your decision to develop yourself professionally. Before filling out this form, please note:

The following activities are **not** eligible for professional development (PD) hours: Department/division meetings; Federation meetings; Training required for certification or licensure which is a condition of initial employment including Skills Standards needed to attain standard certification; First aid, CPR and BBP training; Sabbatical activities; and activities/work that the faculty member is already being compensated for by the College.

If you believe your training does not fall under any of the aforementioned activities, please continue:

Faculty Name:					Dean/Supervisor:				
Faculty Status:					Program:				
rite the total	l num	ber	of hours in the box bel	ow of wha	nt kind of prof	fession (development will yo	ou be completing:	
Pedagogy Hours:	imp Exa cou tecl	provi mple irse d hniqi	specifically focused on teaching and learning and learning and learning are strategores; Instructional strategores; Instructional strategores; Inclusive practices angagement, etc.	ing. H	Other lours: Training that supports your professional growth but is not directly related to improving teaching and learning. Examples: Back-to-industry experiences, technical skill updates, software certifications, safety training, etc.				
eminder: As outlined in Article 21.2C the collective bargaining agreement, 20 hours of PD is required per year. enured/tenure-track faculty who have met the Skill Standards requirement are eligible for a pay step increment if ey complete 96 hours of PD annually. Of these, at least 48 hours must be in Pedagogy.									
Activity Title:				Date(s) of activity:					
Location:					Travel required:		Yes (CC IPA in er	mail) No	
URL:									
Training Provider:					Estimated Cost:		\$		
How will this	be fu	ınde	d? n/a self-p	ay (no rein	mbursement)	rec	quest UMG funds	other source	
Provide narra describe hov updates and your profess skills and ad to the colleg	to								
How does th your Profess Developmen	ional								
I certify under penalty of perjury that the information I have provided is true and complete.					I approve the above request.				
Faculty Date				Dean/Sup	ervisor		Date		

DIRECTIONS:

- Fill out form completely. It is important the training ties to your Professional Development Plan (PDP) and is preapproved.
- If requesting College funding to pay for training, gather all information and submit it for pre-approval. This would include this form, a link or copy of the training including an agenda, and estimated travel expenses. If this is funded by the UMG fund, it will be submitted to the UMG for deliberation and approval. Give yourself plenty of time before the training to get your information in.
- If requesting advance payment to training provider, complete this form, obtain dean/supervisor's signature, attach
 a completed and signed Purchase Requisition, and get UMG funding approval. Submit this form and the Purchase
 Requisition to Finance & Budget office. RETAIN COPIES TO ATTACH TO YOUR CLAIM FOR FACULTY TRAINING
 CREDIT & PAYMENT/REIMBURSEMENT. (Note: advance payment to provider is not always available.)
- If requesting travel status/reimbursement, complete Travel Authorization form (A-40) and attach. For travel advance
 payment, submit this form and the completed A-40 form to Finance & Budget office. RETAIN COPIES TO ATTACH TO
 YOUR CLAIM FOR FACULTY TRAINING CREDIT & PAYMENT/ REIMBURSEMENT.
- Travel expenses and reimbursement. See Policy 3.3 Travel Regulations. Note that there are restrictions on types of travel and types/amount of reimbursement.
- Air travel arrangements must be made through a travel provider qualified through DES and administered through the
 college's purchasing department. If a traveler makes air travel arrangements using their own personal resources,
 they will not be reimbursed, even for authorized travel.

AFTER ACTIVITY:

- (1) Confirm the total amount of hours spent on the professional development activity.
- (2) Write a narrative explaining how you will implement the training in your everyday work.
- (3) Sign confirming that everything is true.
- (4) Submit to the 2025-2026 Professional Development Tracking Course.

Pedagogy	Other								
Hours:	Hours:								
CERTIFICATION OF ATTENDANCE: I certify under penalty of perjury that I attended this activity, which occurred as described.									
CERTIFICATIO	NOI ATTENDA	Toerthy under penalty of perjury that rattended this activity, which occurred as describe	reu.						
Faculty		Date							