

RECEIVED  
San Bernardino Valley College  
DEC 09 2019  
RESEARCH, PLANNING  
& DEVELOPMENT

SAN BERNARDINO VALLEY COLLEGE  
**CONFERENCE ATTENDANCE**

Date of Committee Mtg  
(See dropdown menu): Select a committee date

Date Received by PD

Name: Leonard Lopez	Department/Division: Philosophy
Position: Assistant Professor	Full-Time: <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/>

Activity: American Philosophical Association Conference

Sponsoring Agency: APA

Location (City, State): San Francisco, CA

Date(s) of Activity: April 8 -11, 2020 Travel Date(s) - Leave: 4/8/2020 Return: 4/12/2020

(1) Anticipated value/purpose of activity; and, (2) Benefit to the District (must be two separate sentences) : I anticipate that the conference will be a valuable source of information on material for my courses. I also anticipate that the conference will benefit the District by promoting its mission to provide a quality education to its students.

Registration Fee for Seminar/Conference/Workshop: 240.00 \*Original receipts required for reimbursement.

Transportation: \*Auto: 0 miles x .580 = 0.00 Attach MapQuest of mileage from SBVC to conference address (Must be on approved driver's list @ District)

Air: Southwest 200.00

Parking: 0.00

Other: Uber/Taxi 50.00

Lodging: X = 0.00

per night # of nights

Represents Single          or Shared          Room Shared with:         

Meals (Maximum \$76 per diem, per GSA, receipts not required.): 380.00

Meals are included as part of registration:         

GRAND TOTAL REQUEST (Include all expenses): 870.00 OR Request is for TIME ONLY:         

PD Funds Requested: MAX: \$750 FT or \$250 PT 750.00

Other Sources of Funding: Self (120.00)

Name of Budget Acct         

I understand that if my request is approved, I agree to share the benefits of this activity with the college community per the requests of the professional development committee, the campus administration, and my department/division. Additionally, if I am a faculty member, I certify that no units for salary advancement are involved in this request.

Applicant's Signature: [Signature] Date: 10/30/19

Division Dean/Supervisor Approval: [Signature] Date: 11/19/19

**Professional Development Committee Recommendation:**

Further clarification and/or additional info required:         

Approve:          Amount:          Date:         

Deny:          Reason for Denial:         

PD Coordinator Approval:          Date:         

Professional Development Dean:          Date:         

Budget #:         

Administrator Approval:          Date:         

**Board Approval Date:**         

(This request must have PRIOR APPROVAL by the SBCCD Board of Trustees if the conference is outside the contiguous United States and/or when estimated travel expenses exceed \$5,000.)

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San Bernardino Valley College  
  
JAN 14 2020  
RESEARCH, PLANNING  
& DEVELOPMENT

SAN BERNARDINO VALLEY COLLEGE  
**CONFERENCE ATTENDANCE**

Date of Committee Mtg (See dropdown menu): 2/3/2020  
Select a committee date

Date Received by PD \_\_\_\_\_

Name: Christie Gabriel-Millette	Department/Division: Research, Planning & Institutional Effectiveness
Position: Senior Research & Planning Analyst	Full-Time: <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/>

Activity: CAMP-Researchers' Meeting

Sponsoring Agency: Mt. San Antonio College

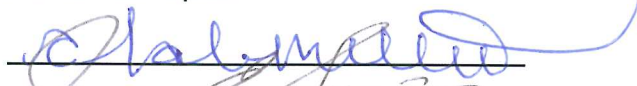
Location (City, State): Walnut, CA


Date(s) of Activity: 1/31/2020 Travel Date(s) - Leave: 1/31/2020 Return: 2/3/2020

(1) Anticipated value/purpose of activity; and, (2) Benefit to the District (must be two separate sentences) : Current community college IR issues/projects will be discussed, such as AB705 and Guided Pathways data tracking methods, new software/research methodology/peer-research projects and other best practices. By sharing information regarding these topics, SBVC's IR Department will stay up to date in the IR community and be better able to assist the campus with upcoming changes and needs.

Registration Fee for Seminar/Conference/Workshop:	0.00	*Original receipts required for reimbursement.
Transportation:	*Auto: <u>67.4</u> miles x .57.5 = <u>38.76</u>	Attach MapQuest of mileage from SBVC to conference address (Must be on approved driver's list @ District)
	Air: <u>0.00</u>	
	Parking: <u>0.00</u>	
	Other: <u>0.00</u>	
Lodging:	<u>        </u> X <u>        </u> = <u>0.00</u> per night # of nights	
Represents Single <u>        </u> or Shared <u>        </u> Room		Shared with: <u>        </u>
Meals (Maximum \$76 per diem, per GSA, receipts not required.):	<u>0.00</u>	
Meals are included as part of registration: <u>        </u>		
<b>GRAND TOTAL REQUEST</b> (Include all expenses):	<b>38.76</b>	OR Request is for <b>TIME ONLY</b> : <u>        </u>
PD Funds Requested: <b>MAX: \$750 FT or \$250 PT</b>	<u>0.00</u>	
Other Sources of Funding:	<u>(38.76)</u>	
Name of Budget Acct	<u>        </u>	

I understand that if my request is approved, I agree to share the benefits of this activity with the college community per the requests of the professional development committee, the campus administration, and my department/division. Additionally, if I am a faculty member, I certify that no units for salary advancement are involved in this request.

Applicant's Signature:  Date: 1/14/2020

Division Dean/Supervisor Approval:  Date: 1/22/2020

**Professional Development Committee Recommendation:**

Further clarification and/or additional info required: \_\_\_\_\_

Approve: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Deny: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

PD Coordinator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Professional Development Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Budget #: \_\_\_\_\_

Administrator Approval:  Date: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

(This request must have **PRIOR APPROVAL** by the SBCCD Board of Trustees if the conference is **outside the contiguous United States and/or when estimated travel expenses exceed \$5,000.**)

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SAN BERNARDINO VALLEY COLLEGE  
 CONFERENCE ATTENDANCE

Date of Committee Mtg (See dropdown menu): 2/3/2020  
 Select a committee date

Name: Christie Gabriel-Millette	Department/Division: Research, Planning & Institutional Effectiveness
Position: Senior Research & Planning Analyst	Full-Time: <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/>

Activity: CAMP-Researchers' Meeting

Sponsoring Agency: Pasadena City College

Location (City, State): Pasadena, CA

Date(s) of Activity: 3/27/2020 Travel Date(s) - Leave: 3/27/2020 Return: 3/30/2020

(1) Anticipated value/purpose of activity; and, (2) Benefit to the District (must be two separate sentences) : Current community college IR issues/projects will be discussed, such as AB705 and Guided Pathways data tracking methods, new software/research methodology/peer-research projects and other best practices. By sharing information regarding these topics, SBVC's IR Department will stay up to date in the IR community and be better able to assist the campus with upcoming changes and needs.

Registration Fee for Seminar/Conference/Workshop: 0.00 \*Original receipts required for reimbursement.

Transportation:	*Auto: <u>105</u> miles x .575 = <u>60.38</u>	Attach MapQuest of mileage from SBVC to conference address (Must be on approved driver's list @ District)
	Air: <u>0.00</u>	
	Parking: <u>0.00</u>	
	Other: <u>0.00</u>	
Lodging:	<u>    </u> X <u>    </u> = <u>0.00</u>	
	per night # of nights	
Represents Single <u>    </u> or Shared <u>    </u> Room	Shared with: <u>    </u>	
Meals (Maximum \$76 per diem, per GSA, receipts not required.):	<u>0.00</u>	
Meals are included as part of registration:	<u>    </u>	
GRAND TOTAL REQUEST (Include all expenses):	<u>60.38</u>	OR Request is for TIME ONLY: <u>    </u>
PD Funds Requested: MAX: \$750 FT or \$250 PT	<u>0.00</u>	
Other Sources of Funding:	<u>(60.38)</u>	
Name of Budget Acct	<u>    </u>	

I understand that if my request is approved, I agree to share the benefits of this activity with the college community per the requests of the professional development committee, the campus administration, and my department/division. Additionally, if I am a faculty member, I certify that no units for salary advancement are involved in this request.

Applicant's Signature: *Christie Gabriel-Millette* Date: 1/14/2020

Division Dean/Supervisor Approval: *Tommy Smith* Date: 1/22/2020

**Professional Development Committee Recommendation:**

Further clarification and/or additional info required:     

Approve:      Amount:      Date:     

Deny:      Reason for Denial:     

PD Coordinator Approval:      Date:     

Professional Development Dean:      Date:     

Budget #:     

Administrator Approval: *N/A* Date:     

Board Approval Date:     

(This request must have PRIOR APPROVAL by the SBCCD Board of Trustees if the conference is outside the contiguous United States and/or when estimated travel expenses exceed \$5,000.)