1915-2015 SANTA ANA COLLEGE

PART I: SAC Conference Request Form: Cover Sheet

The purpose of this form is to provide college staff that are interested in attending a conference with the opportunity to address the expected benefits to our student success and equity work at SAC. We are eager to create a climate for innovation and leadership that makes a difference for both current and future students. By submitting this form you are agreeing to be a resource to SAC colleagues who may ask you to share what you learned in a 1:1 consultation or as part of a Professional Development activity. You will be listed on SAC's Professional Development website as a resource. **Note:** This is a required 3 part form. Part I (Cover Sheet) and Part II (RSCCD Conference Request Claim) are required BEFORE you attend and should be submitted to your supervisor a minimum of 2 weeks before you require a response. Part III (Conference Report) is required when you return along with your receipts for reimbursement (if any).

Name	Department	Date
Signature		
Please describe the specific benefits to stuconference.	udent success/equity that you anticipate by	taking part in this
How does this conference relate to your o	department's strategic plan or goals?	
Would you be willing to present (or co-proupon your return? Yes No	esent) a mini-workshop on the conference e	event for colleagues at SAC
Please add any other comments below.		

The RSCCD Conference Request Form must be attached.

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT CONFERENCE REQUEST CLAIM COMPLETE THIS FORM BEFORE ATTENDING (SEE INSTRUCTION ON BACK)

	Er	mployee Name			Employee No.		Request Date
counts Numbers: Dept/Location:					/ Tel. No.:		
PARTI: REQUEST	FOR APPROV	/AL/APPROVED ES	STIMATED EXPENSE	S			
		Title of Conference	ence/Seminar ,		l	Dates of A	ttendance/Travel
Location (City/State)					Sponsoring O	rganizatio	n
Briefly narrate purp	ose of Confer	rence/Seminar an	d benefits to Distric	t:			
			·		Requestor's	s Signature	
ESTIMATE EXPENSE	S		APPROVED ESTIMAT	TED EXPEN	SE		
			(to be completed by				
Transportation \$ Meal \$				Т	OTAL APPROVED ESTIN	MATED EXPE	ENSES
Registration \$ Lodging \$		Other \$			\$		-
		TOTAL: \$					
					Signature of Admini	strator/Manage	er
Date of Board Appr	roval (if require	.d)	Signature of Cha	ncellor Vice Char	ncellor or President		Date
			-				
ART II: REQUEST F	FOR ADVANC	ES (submit requisition	and 2 photocopies - see	e instructions)			
1) Transportation	_						
						\$	
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PART III: SAC Conference Summary

Name:
Date:
Conference Title:
Conference Sponsoring Organization:
Conference Description
Summary – One Full Page: Please describe the benefits to Student Success & Equity that you gained by participating in this event. How will you disseminate/share this information with your SAC colleagues?