Mount Wachusett Community College

Administrative Services

PROFESSIONAL DEVELOPMENT FUNDS

POLICY STATEMENT

Faculty and staff customarily request professional development funds (example: conference fees, ground and/or air travel, accommodations, etc.) from the college, the Foundation, or a grant. Effective August 28, 2002, faculty and staff must follow the guidelines below when requesting professional development funds of $200 or more for one activity.

PROCEDURES

1. Faculty and staff must complete a ***Professional Development Funds Application Form*** and a ***Travel Authorization Form.*** These forms are available from Pat Dakota, Staff Associate, Administrative Services. The forms must be signed by the traveler, the immediate supervisor, and the appropriate dean and then returned to Pat Dakota, Administrative Services, at least 30 days prior to the intended travel date.

2. These forms will be retained in Administrative Services until, on or about, the fifteenth of each month at which time the Vice Presidents of Administrative Services, Academic Affairs, and Student Services, the Associate Vice President of Academic Affairs, and the Executive Director of the Foundation will meet to review the applications received to date.

   Since the middle of each month (on or before the fifteenth) is the ONLY time the Professional Development Fund Review Team will meet, early submission is strongly encouraged.

3. Each applicant will receive official notice no later than five working days after the meeting date, on or before the fifteenth of each month, regarding the status of the request. The original documentation will be forwarded to the College Business Office with a copy returned to the applicant.

4. Each applicant will be required to file a ***Professional Development Funds Report Form*** (available from Pat Dakota), no later than ten working days after the activity has been completed. This form must be signed by the immediate supervisor and the appropriate Vice President and forwarded to Pat Dakota in the Administrative Services office. Reimbursement will occur as soon as possible after the ***Report Form*** has been filed along with receipts for associated expenditures.

Mount Wachusett Community College
444 Green Street, Gardner, MA 01440-1000

TRAVEL AUTHORIZATION FORM

(MUST BE COMPLETED PRIOR TO TRAVEL)

	In-State		**Out-of-State**
	Personal Vehicle		**State Vehicle**
	PERMISSION ONLY		

Employee**:** _____ Funding Source * _____ Today's Date

Address: _____

Date of Trip: _____ Destination: _____ Estimated Duration: _____

Purpose of Trip: _____

(FOR CBO USE ONLY)

	ESTIMATED:	**FOAPAL:**		
AIRFARE (reimbursement requires receipt)	$	$	#	Date
TRAVEL _____ Miles @ .40/mile	$	$	#	Date
ODOMETER READINGS: Beginning _____ Ending _____	$	$	#	Date
PARKING (receipts required)	$	$	#	Date
TOLLS (receipts required)	$	$	#	Date
GROUND TRANSPORTATION: Taxi, Bus, specify (receipts required)	$	$	#	Date
REGISTRATION FEE: (**attach completed registration form)**	$	$	#	Date
LODGING & TAX per night (receipts required) $ _____ X _____ # of nights (Need Federal ID # and confirmation plus receipt for reimbursement)	$	$	#	Date
MEALS (Overnight Only) Breakfast # _____ @ $3.75 Lunch # _____ @ $6.50 Dinner # _____ @ $9.50	$	$	#	Date
MISCELLANEOUS: (Please specify)	$	$	#	Date
TOTAL:	$	**TOTAL: $**		

******PLEASE PROVIDE BACK-UP DOCUMENTATION******

SIGNATURES: (required)

SIGNATURE OF TRAVELER		DATE:
COST CENTER HEAD/GRANT DIRECTOR:		DATE:
APPROPRIATE VICE PRESIDENT:		DATE:
VP OF ADMINISTRATIVE SERVICES:		DATE:
PRESIDENT (out of state travel only):		DATE:

RULES: **No travel will be approved and no claims for reimbursement will be paid without approved travel authorization *PRIOR TO TRAVEL.***
Hotel vouchers, registration fee receipts, etc. must be submitted *immediately* upon completion of trip.
*** Funding source information will be determined by Professional Development Funds Review Team on all travel over $200.**
(Team Members: VPs of Administrative Services, Academic Affairs, Student Services, Assoc VP of Academic Affairs, and Executive Director of the MWCC Foundation)

ORIGINAL DOCUMENT, WITH SIGNATURES, MUST GO TO COLLEGE BUSINESS OFFICE
NOTE: Copy to Security Office (State Vehicle Request – only)

Mount Wachusett Community College
444 Green Street, Gardner, MA 01440-1000
Office of Administrative Services

COLLEGE TRAVEL POLICY

NOTE: For liability reasons, a *Travel Authorization Form* is **REQUIRED** for all college-related travel even if travel is local and there are no associated costs. **This form must be submitted and approved PRIOR to travel.** Back up documentation to substantiate the trip MUST be included. (appropriate documentation can include a meeting notice, agenda, an email meeting announcement, a brochure, etc.)

Required information includes: name of traveler (employee), date(s) of trip, destination, trip's estimated duration, purpose of trip, and back-up documentation supporting the travel. (examples: meeting notice, conference brochure, etc.) – even if reimbursement is not requested. The form also asks you to denote in-state/out-of-state, personal or state vehicle, and "permission only" designations. Estimated costs, if reimbursement is requested, must be noted appropriately. No reimbursement will be made without required receipts and odometer readings.

1. You must fill out a *Travel Authorization Form* with estimated or actual costs associated with your travel **before you travel**. Please **read** the rules on the bottom of the travel form. If travel costs equal or exceed $200, you must obtain a Professional Development Fund Travel package from Administrative Services.

2. The *Travel Authorization Form* must have the following signatures:

   Your signature
   Cost Center Supervisor/Grant Director
   Appropriate Vice President
   Vice President of Administrative Services
   President **(only if out-of state)**

3. For reimbursement, please submit receipts and actual odometer readings**, after travel has been completed,** to the College Business Office.

4. For lodging to be paid in advance, please obtain the necessary hotel confirmation with the dollar amount per night (and any taxes) and attach this documentation to your travel form. Receipts are required for lodging costs to be reimbursed.

5. The College will not pay for charges on your bill associated with personal phone calls, food, movies, exercise rooms, etc.

6. For travel status of **24 hours or more**, the College will reimburse the traveler for meal costs at the state approved rates (see form). Contact the Office of Administrative Services or the College Business Office if there are questions regarding this matter.

7. Mileage will be allowed from your home to the meeting/conference or from your place of employment to the meeting/conference, whichever is the **shorter** distance.

8. If you submit travel with all the proper signatures, but a **zero** dollar amount and then expect to be reimbursed you will receive nothing; so, be sure to put down estimates that you think may be associated with this travel. **"Permission Only"** means that you do not expect to be reimbursed for costs associated with travel.

9. The state vehicle is an excellent alternative to using a personal vehicle. Contact the Security Office, ext. 150, to determine availability. A ***Travel Authorization Form*** must be submitted even when using a state vehicle.

YOU MUST HAVE RECEIPTS FOR ALL EXPENDITURES (EXCEPT MEALS) IF YOU EXPECT REIMBURSEMENT. IF YOU PAID BY CHECK, MAKE SURE YOU SUPPLY A COPY OF THE FRONT AND BACK OF YOUR CANCELLED CHECK. WHEN USING A CREDIT CARD, PROVIDE RECEIPT OR CREDIT CARD STATEMENT.

Mount Wachusett Community College

Administrative Services

PROFESSIONAL DEVELOPMENT FUNDS

APPLICATION FORM

This application form must be used when faculty and staff wish to request professional development funds (example: conference fees, ground and/or air travel, accommodations, etc.) of $200 or more for one activity. Special consideration will be given to faculty and staff projects or activities that will enhance the individual's professional development and/or MWCC's mission. A completed ***Travel Authorization Form*** and back-up documentation MUST accompany this document.

Applicant's Name: _____ Date of Submission: _____

* Funds are non-transferable and must be used during the fiscal year in which they are awarded (July 1 - June 30) for the requested activity.
* Recipients of professional development funds must complete a report on the activity and how it will benefit the College no later than ten days after the activity has been completed.

Please explain, using additional page(s), how this professional development activity will benefit the College and/or enhance your professional development.

Please refer to Professional Development Funds Policy Statement and Procedures

Professional Development Funds Policy Statement, Procedures and Forms can be found on Administrative Services Intranet site or by calling Pat Dakota, ext. 103

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Administrative Services

PROFESSIONAL DEVELOPMENT FUNDS

APPLICATION APPROVAL FORM

(IMPORTANT – PLEASE SUBMIT THIS FORM WITH APPLICATION FORM AND TRAVEL REQUEST)

(To be completed by the PROFESSIONAL DEVELOPMENT FUND REVIEW TEAM)

NAME: _____ DATE: _____

DESTINATION: _____

AMOUNT APPROVED: $_____ DISAPPROVED: $_____

Charge to Cost Center (# _____) $ _____

Charge to Foundation: $ _____

Charge to Voc. Ed: $ _____

Charge to Other:

_____ $ _____

_____ $ _____

_____ $ _____

COMMENTS:

_____ _____

SIGNATURE OF CHAIRPERSON OR DESIGNATED MEMBER OF THE PROFESSIONAL DEVELOPMENT FUND REVIEW TEAM

DATE

Professional Development Funds Review Team:
Vice President of Academic Affairs, Administrative Services, Student Services, Associate Vice President of Academic Affairs, and Executive Director of MWCC Foundation

Mount Wachusett Community College

Administrative Services

PROFESSIONAL DEVELOPMENT FUNDS

REPORT FORM

(DO NOT SUBMIT WITH APPLICATION FORM)

This report must be completed when faculty or staff has received professional development funds (examples: conference fees, ground and/or air travel, accommodations, etc.) when expenses amount to $200 or more for one activity.

Applicant's Name: _____ Date of Submission: _____

Department: _____ Date(s) of Activity: _____

Name of Activity: _____

Location of Activity: _____

Please explain, using additional page(s), how this professional development activity benefited the College and/or enhanced your professional development. This report is due no later than ten working days after the activity has been completed and must be completed and signed before reimbursement of expenses can occur.

☐ **Please check here if you are willing to conduct an in-house professional development workshop on this topic. If this box is checked, a Human Resources staff member will contact you to arrange a training date.**

Signatures certify that your supervisor(s) reviewed this report.
(PLEASE DO NOT SUBMIT WITH APPLICATION FORM)

_____ _____
IMMEDIATE SUPERVISOR DATE

_____ _____
APPROPRIATE VICE PRESIDENT DATE

To be completed by the PROFESSIONAL DEVELOPMENT FUND REVIEW TEAM:

COMMENTS:

_____ _____
SIGNATURE OF CHAIRPERSON OR DATE
DESIGNATED MEMBER OF THE
PROFESSIONAL DEVELOPMENT FUND REVIEW TEAM

Please refer to Professional Development Funds Policy Statement and Procedures.

Professional Development Funds Policy Statement, Procedures and Forms can be found on Administrative Services Intranet site or by calling Pat Dakota, ext. 103