

Type or Print Clearly
KAPI'OLANI COMMUNITY COLLEGE
INDIVIDUAL TRAVEL AND/OR TRAINING
FACULTY DEVELOPMENT FUND APPLICATION / VOUCHER

F/D Log # _____

Name: _____ Position Title: _____
If lecturer or casual hire, number of credits taught at KCC (including the current semester): _____
Dept.: _____ Office location: _____ Phone Ext.: _____ Email: _____

Activity: _____

Location: _____ Date(s) of Activity: _____

Anticipated Benefits to Applicant's Professional Development:

Anticipated Benefits to the College:

Please attach additional page(s) if necessary.

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Has applicant previously received KCC Faculty /Staff Development funding? yes no

If so, when? _____ For what activity? _____

| Total Expenses: | Amount | | |
|-------------------------------------|---------------|---------------------------------|------|
| Registration Fee | \$ _____ | | |
| Air Fare (inter-island travel only) | \$ _____ | | |
| Per Diem (inter-island travel only) | \$ _____ | | |
| Other: _____ | \$ _____ | Applicant's Signature | Date |
| Total | \$ _____ | | |
| Faculty Dev. Funds Requested | \$ _____ | Supervisor/Dept. Chair Approval | Date |

FACULTY DEVELOPMENT FUNDS

APPROVED

Faculty Development Coordinator Date

Amount Approved \$ _____

Vice Chancellor for Academic Affairs Date

Authorized Account Code:

FACULTY DEVELOPMENT FUNDS

DENIED

Reason for Denial:

Faculty Development Coordinator Date

(This approved Application/Voucher must be attached to Payment Requisition or Travel Request)

When submitting this form, please include:

- Form 410: UH Training Request, if campus travel document is not required
- 1 copy of the Conference/Training Announcement/Agenda justifying requested funds

Submit the forms and brochure copy to Martin Chong, Faculty Development Council Coordinator, by the deadlines indicated in the current Faculty Development Council Guidelines. Deadlines will be strictly observed.

UNIVERSITY OF HAWAI'I
TRAINING REQUEST FORM

(Check one)

TYPE OF COURSE: ___DHRD-SPONSORED ___OHR-SPONSORED ___OTHER TRAINING
(Attach Course Description)

Course Information:

Title _____ Course Date/Time _____

Provider _____ Course Code/Session No. _____
(DHRD-Sponsored Training Only)

Provider's Address _____ Training Location _____

Contact Person Information: _____ Purchase Order No. _____

Name/Department/Phone No./E-mail Address: _____

List of Participant(s): (attach separate sheet if needed)

| Name (Last, First, MI) | Soc.Sec.No. (To Be Completed for DHRD-Sponsored Training Only) | Official Title | Division/Section | Phone |
|------------------------|-------------------------------------------------------------------------|----------------|------------------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Cost to Department:

| Item | Program Cost (Registration/ Tuition Fee) | Per Diem | Air Transportation | Ground Transportation | Justify and List Other Expenses | Total |
|-----------------|------------------------------------------------|----------|-----------------------|--------------------------|------------------------------------|-------|
| Per Participant | | | | | | |
| Total | | | | | | |

Note: If travel is involved, appropriate travel documents should be completed in accordance with A8.851.

State reason(s) training is essential for participant(s):

Signature of Supervisor: _____ Title: _____

Print Name of Supervisor: _____ Date: _____

Signature of Official Designee: _____ Title: _____

Print Name of Official Designee: _____ Date: _____

- I have determined that this training is appropriate for the participant(s) listed above, in accordance with A9.160. Therefore, this request is approved for _____ person(s).
- This request is disapproved for the following reason(s):
- Training is not required by Federal and/or State law(s) nor is it directly related to the participant's job so as to increase effectiveness, knowledge, proficiency, skill and qualification, or to prepare for future assignments.
 - Comparable training is available from (circle one) DHRD/OHR at same or lesser cost.
 - Employees whose employment is less than half-time and/or employed three months or less are not eligible to attend training.
 - Training request was submitted late without appropriate justification.