

APPENDIX I ADMINISTRATOR APPLICATION FOR TRAINING/RETRAINING STIPEND

PLEASE TYPE OR PRINT CLEARLY

It is the administrator's responsibility to submit this application to Human Resources. Applications received on or before the deadline will be forwarded to the Administrative Leave Committee for review and recommendation to the Board of Trustees. *For details, see Chapter 13 of the Administrators Handbook.*

| Name: Division/Department: | | Ca | | | | |
|----------------------------|--|----------------|--------|-----------|------|--|
| | | Location: | FH | DA | cs | |
| Hon | me Address: | | | | | |
| 1. | Purpose of stipend: | | | | | |
| 2. | Details of program of study, work experience | e or training: | | | | |
| 3. | How will this plan of study prepare you for n | ew fields or y | our cu | ırrent fi | eld? | |
| | | | | | | |
| | Office Use Only proved OR Denied Amount: Date: | TRT# | | | | |

| 4. Please present a detailed budget of expenses that will be covered by the stipend: April 1 requests for funds can be made for the next fiscal year only; December 1 requester are for the current year. If the plan of study, work experience or training requires months than one year, a separate application must be submitted for each year. The training be completed between July 1 and June 30 to be reimbursed. | re |
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| | |
| TOTAL AMOUNT OF STIPEND REQUESTED: | |
| I am a full-time administrator of the District. I am participating in or have plans to begin participation in a program of study, work experience or training to enhance my expertise in current field or to expand the number of areas in which I am qualified to perform services the District. | |
| Signature of Administrator Date | _ |
| THIS AREA TO BE COMPLETED BY THE ADMINISTRATOR'S SUPERVISOR | |
| Will this plan expand the qualifications of the administrator to meet a current or future need in division/for the college? Please explain. | the |
| Do you recommend approval? Yes No | |
| Signature of Administrator's Supervisor Date | _ |