East Los Angeles College
Academic Affairs

Request For Conference Attendance

Note: All correspondence will take place only through the #-ELAC Faculty and #-ELAC Counselor administrative email lists while documents/forms will be sent via campus mail only. Please see your department chair if you are not on one of these email lists or do not have a campus mailbox.

Name: _____ Employee #: _____

Department/Discipline: _____ Extension: _____ or Cell _____

1) Faculty Status: Full Time ☐ Adjunct* ☐ * # Teaching Units in Semester that Conference Occurs: _____

2) Substitute Required? Yes* ☐ No ☐ *Note: Must be Dean Approved/Initialed: _____

*Replacement from Department ☐ *or* *Day-to-Day Sub ☐

Conference Attendance Policy/Procedures

Application Must Be Submitted Two Months Prior To Conference Date.
Brief Justification Required If Not Possible. Incomplete Requests Cannot Be Processed.

1) Policy: $750 maximum reimbursement per academic year for full time faculty. Adjunct faculty are reimbursed on percentage of a full time assignment, number of teaching units, and conference costs. Amount of reimbursement subject to change based on budget and number of applicants. Conferences must be in discipline, discipline related, curriculum methods, or approved retraining.

2) Academic Affairs: Submit LACCD Request for Conference or Activity Attendance and ELAC Request for Conference Attendance forms to Academic Affairs, at least two months prior to conference start date. Late submittals, must include a written justification, and will be processed; however, reimbursement may be delayed or denied.

3) Appeal Process: If request is denied, applicant will be informed of appeal process by Conference/Tuition Committee Chair.

4) President's Office: Report on Conference Attendance and Travel Expense Claim forms sent by President's Office. Do not submit paid receipts until asked to do so.
   - Both forms, accompanied by paid receipts for all items (including food expenses exceeding $25 daily), must be submitted to the President's Office within 10 business days following conference completion.

I Have Read the Policy and Agree to Comply with the Procedures Above

_____	_____	_____
Print Name	Signature	Date

Committee Action: Date: _____ Reimbursement Amount: _____
Denied: _____ Reason for Denial: _____
Appeal: _____ Outcome of Appeal: _____

Signatures: _____

(Revised 1/2014)