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:** _____

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. **Notify the Conference/Tuition Committee Chair within 10 business days of non-attendance or cancellation of the conference.**

2) **Submit** LACCD Request for Conference or Activity Attendance and ELAC Request for Conference Attendance forms (with conference information attached) **to Choonhee Rhim, Chair of Conference/Tuition Committee,** 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) **President's Office:** Report on Conference Attendance and Travel Expense Claim forms sent by President's Office. Both forms, accompanied by paid receipts for all items (including food expenses) must be **submitted** to **Catalina (Cathy) Medina, President's Office within 10 business days** following conference completion. (If you did not receive the forms, **contact Catalina Medina, President's Office**). **Late submittals may result in forfeiture of reimbursement.**

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:_____

____ **Teaching and Learning** ____ **Effective Leadership** ____ **Service and Support** ____ **Community Building**

Signatures: _____

(Revised 8/2018)