

**EAST LOS ANGELES COLLEGE
Office of Academic Affairs**

REQUEST FOR CONFERENCE ATTENDANCE

Name: _____ Employee #: _____

Department/Discipline: _____ Extension: _____ or Cell _____

Email Address: ELAC _____ or Other (specify) _____

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

2) Paid Substitute Required? Yes* _____ No _____

*Replacement from Department? _____ *or* *Day-to-Day Sub? _____

3) Indicate Any Additional Assignment(s): Title(s): _____

Paid Substitute Required? Yes _____ No _____

CONFERENCE ATTENDANCE POLICY/PROCEDURES

- 1) The maximum conference reimbursement is \$500.00 for each full time instructor if the conference is related to the performance of the faculty member's assigned duties. Allocations are made on a first-come, first-served basis but criteria such as conference recency; number of instructors requesting the same conference; timeliness; perceived benefit to the campus and funds will be considered. If the budget permits, up to \$500.00 for a *second* conference may be reimbursed. Adjunct faculty are reimbursed on a prorated basis.
- 2) Submit both the *LACCD* and *ELAC Request for Conference Attendance Forms*, at least four weeks prior to your conference, to the Office of Academic Affairs. Earlier submittals will allow for faster processing. Late submittals will be processed by the Conference/Tuition Committee and the Vice President's Office; however, your reimbursement may be delayed or denied.
- 3) A packet consisting of the *Travel Expense Claim Form* and *Conference Report Evaluation Form* will be sent to the applicant, by the Office of the President, once initial processing has been completed. Do not submit paid receipts until requested by the Office of the President.
- 4) The *Travel Expense Claim Form*, accompanied by paid receipts for all items (including food), plus the *Conference Report Evaluation Form*, must be submitted to the Office of the President within ten days following conference completion.

I HAVE READ THE POLICY AND AGREE WITH THE PROCEDURES ABOVE.

Print Name	Signature	Date
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Committee Action: _____ **Date:** _____ **Reimbursement Amount:** _____
Signatures: _____