**Eligibility:** All those currently employed by the Commonwealth of Massachusetts at Greenfield Community College who are members of the Assembly. See members’ description in Article III, GCC Assembly Bylaws dated October 7, 2002.

**Instructions:** Please provide all applicable information. Send completed form to your supervisor for acknowledgement who should then forward it to Human Resources. Please use this form for requests between **July 1, 2020 and December 31, 2020**. Your request can only be approved up to the following maximum amounts:

*90% of total expenses not to exceed $1,000*, if presenting at a conference or serving on a local, state, regional or national board of a professional organization sponsoring a conference. Limited to one conference per year.

Or,

*Up to 50% of total expenses, but not to exceed $300*, for participation in a local, state, regional or national conference.

**NOTE:** In order for this request to be considered, the following is required: a copy of the conference literature/course description, date(s), and associated costs, and a yellow travel authorization signed by your supervisor authorizing travel contingent upon funding. If presenting, submit a copy of acceptance of your proposal.

### REQUEST INFORMATION

<table>
<thead>
<tr>
<th>NAME:</th>
<th>☐ INDIVIDUAL</th>
<th>☐ GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITION AT COLLEGE:</td>
<td>COLLEGE CONTACT INFORMATION:</td>
<td></td>
</tr>
</tbody>
</table>

**WHAT IS THE NATURE OF YOUR REQUEST?**

| DESTINATION (if applicable): |
| DATE(S) OF ACTIVITY: |

**YOUR APPLICATION MUST INCLUDE THE FOLLOWING:**

- ☐ Conference Literature/Course Description
- ☐ Dates
- ☐ Associated Costs

### ESTIMATED EXPENSES (TRAVEL/TUITION/CONFERENCE FEES, ETC.) – REIMBURSABLE ITEMS

| PERSONAL VEHICLE: | ____ miles x $0.575 = | $ |
| AIRFARE: | $ |
| LODGING: | $ |
| MEALS: Maximum $40.00 per day with receipts | $ |
| REGISTRATION/TUITION/CONFERENCE FEES, ETC. | $ |
| OTHER TRAVEL RELATED (e.g. parking, tolls, taxi): | $ |
| MATERIALS, SUPPLIES, BOOKS: | $ |
| MISC: | $ |

**TOTAL REQUESTED:** $ 

**REMINDER:** Confirm with your supervisor any need for an off-campus travel authorization.
1. Describe how your activity supports the college priorities (see below), NEASC recommendations, or the goals of your functional unit (President’s Office, Student and Academic Affairs, Administrative Services), department, or program.

College Priorities:
- **Student Success**: Expand options for student success through educational excellence
- **ACCESS**: Increase the number of students who realize a timely and positive pathway to advanced education and employment through enrollment at GCC
- **Integrative Planning**: Implement systematic and comprehensive integrative planning throughout the College that is responsive to emerging circumstances
- **Sustainability**: Apply practices that sustain the College’s comprehensive mission

2. In what way(s) will your activity enhance the delivery of material or services that you provide to students or your functional unit?

3. How will this activity contribute to your individual professional development for your role at GCC?

**ALTERNATIVE FUNDS**
You are encouraged to apply for other funding for this activity, if needed [ ] Yes [ ] No to supplement your award. Have you applied for other funding?

If “yes,” when do you expect a decision? __________________________ How much? __________________________

**REQUIRED SIGNATURES**
APPLICANT: __________________________________________ Date: ________________
SUPERVISOR: __________________________________________ Date: ________________

**FOR COMMITTEE USE ONLY**
Date received __________________________ Funds allocated __________________________ Percent allocated: __________________________
Approved by: __________________________________________ Date: ________________

Executive Director, Human Resources Department