

COAST COMMUNITY COLLEGE DISTRICT CONFERENCE AUTHORIZATION REQUEST

**** CAR for Full-time & Part-time 7.5+ LHE Faculty requesting IPD funding ****

Name	FIRST AND LAST NAME					
	First Name	Middle Initial	Last Name			
Job Title	FULL or PART-TIME FACULTY & YOUR DISCIPLINE			Employee ID#	E#	
Phone:	COLLEGE PHONE #			Ext.	Extension	
Site:	<input type="checkbox"/> CCC	<input type="checkbox"/> District	<input checked="" type="checkbox"/> GWC	<input type="checkbox"/> OCC		

Job Classification Full-time Faculty Part-time Faculty (7.5+ LHE)

<input type="checkbox"/> Academic-CFE	<input type="checkbox"/> Classified-CFCP	<input type="checkbox"/> Part Time-CFE	<input type="checkbox"/> Trustee	<input type="checkbox"/> Other
<input type="checkbox"/> Part-Time CTA	<input type="checkbox"/> Confidential	<input type="checkbox"/> Management	<input type="checkbox"/> Student	

Part-time Faculty (less than 7.49 LHE). Route CAR packet to Division Office. Submit to PT union to request funding.

Conference/Activity Information

Name of Conference	CONFERENCE NAME WRITTEN OUT. NO ABBREVIATIONS		
	No Abbreviations		
Location	CITY, STATE, COUNTRY	Duty Days	YES/NO
	City/State/Country		
Conference Attendance Date(s)	CONFERENCE ATTENDANCE DATES	Substitute Requested	YES/NO
	Beginning Date	Ending Date	Yes/No
Travel Dates	DEPARTURE DATE & RETURN DATE		
	Actual date(s) including travel dates.		
Purpose of Trip	FACULTY: How does this conference enhance your knowledge/skill, improve your teaching, student learning or college functioning? Entering "for professional development" is not acceptable.		

Conference & Travel Pre-Approval Request/Budget: Select the items you are requesting funding for

<input type="checkbox"/> Flight	<input type="checkbox"/> Mileage	<input type="checkbox"/> Meals	<input type="checkbox"/> Lodging
<input type="checkbox"/> Rental Car	<input type="checkbox"/> Rental Car Insurance	<input type="checkbox"/> Registration	<input checked="" type="checkbox"/> Other Allowable Expenses

Comments: \$ _____ Enter total amount of IPD funding you are requesting. Add additional notes such as if you are traveling outside of the allowed travel periods, enter your justification statement here.

\$2,200 = IPD annual funding allowance; + \$150 for conference presenters

Budget Information (Indicate Budget Number(s) from one or more sources):

Budget Number	Amount	Source of Funds
LEAVE BLANK - IPD Office will complete once approved by the IPD committee.	\$ LEAVE BLANK	LEAVE BLANK. When routing for Dean's signature, inform your Dean that you will be seeking IPD funding.
	\$	
	\$	

Approval Signatures	Signature	Date
Originator/Traveler <small>Originator has read and understands BP/AP 7400 and the Travel Guidelines</small>	DO NOT SIGN until you first combine the CAR with conference description/supplemental documents to create a single PDF file.	
Supervisor	DEAN'S SIGNATURE	
College President/Chancellor (or designee)	Following IPD approval, IPD Office will route to college president.	

* Combine your CAR with conference details (date, location, description). [\[How to combine documents & how to unlock a PDF\]](#)
* Sign CAR. Route for Dean's signature. Submit to IPD at GWCIPD@gwc.cccd.edu