

**QUINSIGAMOND COMMUNITY COLLEGE  
STAFF DEVELOPMENT  
DEPARTMENTAL FUNDING GUIDELINES**

<b>Source of Funds</b>	<b>Purposes</b>	<b>Eligibility</b>	<b>Funding Available</b>	<b>Procedure</b>	<b>Deadline for Application</b>	<b>Contact Person</b>	<b>Additional Requirements</b>
<p style="text-align: center;"><b>Staff Development</b></p>	<p>To support professional development activities that enhance the efforts and growth of a group as a whole; departmental activities include (but are not be limited to) the following:</p> <ul style="list-style-type: none"> <li>* site visits</li> <li>* off-campus retreats</li> <li>* speakers</li> <li>* curriculum consultants</li> </ul>	<p>All full-time faculty, staff and administrators employed by QCC.</p> <p>Part-time faculty when seniority is attained.</p> <p>Part-time staff after second consecutive year.</p>	<p>A maximum of <b>\$500.00</b> for individual departments, offices, or areas (full-time).</p> <p>A maximum of <b>\$250.00</b> for individual departments, offices, or areas (part-time).</p>	<ol style="list-style-type: none"> <li>1. Complete the Request for Departmental Funding forms (Part I).</li> <li>2. Obtain required approval signatures.</li> <li>3. Submit completed applications to Staff Development.</li> <li>4. Upon completion of activities, submit the Request for Departmental Funding form (Part II), and any relevant original documentation to Staff Development within 30 days of completion of activities; Staff Development will forward all signed forms and original documentation to the Business Office.</li> </ol>	<p style="text-align: center;"><b>February 21<sup>st</sup></b></p>	<p>Coordinator of Staff Development</p>	<ol style="list-style-type: none"> <li>1. Article for <i>Visions</i></li> <li>2. Report on activities to department and, if requested, to the College community.</li> </ol>

**QUINSIGAMOND COMMUNITY COLLEGE  
STAFF DEVELOPMENT  
DEPARTMENTAL FUNDING ELIGIBILITY REQUIREMENTS**

**Application Process/Application Deadlines – All requests must be submitted *prior to beginning activities*:**

Request for Departmental Funding forms are available from the Staff Development Office in the Center for Academic Excellence – room 114 Ahlfors Hall, phone 508-854-4229, or email emerrill@qcc.mass.edu.

The deadline for departmental funding requests for the current fiscal year is **February 21<sup>st</sup>**. All request forms must be received in the Staff Development Office on or before February 21<sup>st</sup>. Requests (for the current fiscal year) submitted after February 21<sup>st</sup> may be considered on a case-by-case basis, *pending available funding*.

Departmental funds will be awarded on a first-come, first-served basis. Applicants are encouraged to identify departmental funding requests early in the fiscal year and to submit requests as soon as possible.

**Applicants are responsible for accurate completion of the departmental funding request forms, including obtaining signatures from Supervisor/Division Dean and appropriate Executive Team (“E-Team”) member. *Incomplete forms will be returned to applicant.***

1. Complete the Request for Departmental Funding form (Part I); attach any additional relevant information regarding the departmental activities, as needed. Obtain the required approval signatures from Supervisor/Division Dean and appropriate Executive Team (“E-Team”) member; *any forms lacking appropriate signatures will be returned to applicant.*
2. After obtaining all required approval signatures, submit the form (Part I) to Staff Development, mailbox #162. If necessary, retain the Request for Departmental Funding form (Part II) to record expenses for reimbursement/compensation purposes.
3. Please note that approval of all Staff Development departmental funding requests is at the discretion of the Staff Development Committee; Staff Development reserves the right to adjust any and all request amounts accordingly. All applicants will be notified, in writing, of the Committee’s decisions.
4. If applicable, in order to receive reimbursement/compensation for the departmental activities, upon completion of the departmental activities, submit the Request for Departmental Funding form (Part II) and any relevant original documentation to Staff Development, mailbox #162, within 30 days of completion of the departmental activities. *Please note that photocopies are not acceptable forms of documentation; in order for compensation/reimbursement to be received, all receipts and documentation must be in their original state.* Staff Development will forward all signed forms, original receipts and documentation to the Business Office.

### **Staff Development Funding Guidelines/Eligibility Requirements:**

All full-time faculty, staff and administrators employed by QCC are eligible for Staff Development funding.

Part-time faculty members become eligible for Staff Development funding when seniority is attained.

Part-time staff members become eligible for Staff Development funding after two consecutive years of employment.

Part-time faculty members become eligible for full-time-equivalent Staff Development funding when five years of seniority is attained.

Part-time staff members become eligible for full-time-equivalent Staff Development funding after five consecutive years of employment.

Full-time faculty and staff members may be awarded a **maximum of \$500.00 per department per fiscal year**; eligible part-time faculty and staff members may be awarded a **maximum of \$250.00 per department per fiscal year**.

### **Priority Given to Developmental Activities that Enhance:**

- Achievement of institutional goals and priorities
- The applicant's teaching skills and methods
- The applicant's job skills
- Computer training unavailable on campus
- Communication and conflict resolution skills
- Understanding of diverse populations

### **Responsibilities of Staff Development Funding Recipients:**

Original receipts/documentation and the Request for Departmental Funding form (Part II) must be accurately completed, signed and submitted to Staff Development within 30 days of completion of the departmental activities. ***Please note that photocopies are not acceptable forms of documentation; in order for reimbursement/compensation to be received, all receipts and documentation must be in their original state.*** Staff Development will forward all signed forms, original receipts and documentation to the Business Office.

All recipients of departmental funding awards are expected to share the information gained through their activity, within the same semester (if applicable).

“All recipients of departmental funding are **required to submit an article or report** (activity/experience evaluation and applicability) suitable for use in *Visions*, the Staff Development newsletter; in addition, recipients may be expected to provide a workshop or presentation.”

Failure to comply with the above requirements may prevent future funding.

**STAFF DEVELOPMENT**

**INSTRUCTIONS: Complete form and return to Staff Development, box #162. Attach additional information, as needed.**

**DEPARTMENTAL FUNDING REQUEST**

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Ext: \_\_\_\_\_ Mailbox: \_\_\_\_\_ Department: \_\_\_\_\_ Division: \_\_\_\_\_

1. Describe the purpose of your departmental activities:
2. List specific outcomes or objectives of your departmental activities:
3. List specific departmental activities; include time allocated for each activity:
4. Describe the impact of your departmental activities on the College (e.g., students, staff, etc.):
5. Describe the specific costs of the departmental activities:
6. Indicate the amount of funding that you are requesting from Staff Development:
7. Are there other sources of funding available to you? If so, please describe:

Comments:

Approved  Not Approved      Coordinator/Dept Head: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

Comments:

Approved  Not Approved      Supervisor/Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

Comments:

Approved  Not Approved      E-Team: \_\_\_\_\_ Date: \_\_\_\_\_  
.....

Comments:

Approved  Not Approved      Staff Development: \_\_\_\_\_ Date: \_\_\_\_\_

**QUINSIGAMOND COMMUNITY COLLEGE  
STAFF DEVELOPMENT  
REQUEST FOR DEPARTMENTAL FUNDING, PART I**  
**Submit request form, *prior to beginning activities*, to Staff Development, mailbox #162.**  
***Forms that are incomplete or lacking appropriate signatures will be returned to applicant.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Full-Time  Part-Time       Faculty (*years of seniority*): \_\_\_\_\_  Staff (*years of service*): \_\_\_\_\_

QCC Phone: \_\_\_\_\_ QCC Email: \_\_\_\_\_ QCC Mailbox: \_\_\_\_\_

Div/Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date(s) of Departmental Activities:    \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

1. Describe the purpose of your departmental activities (specific outcomes/objectives/actions involved).

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2. Priority is given to funding requests that are consistent with the institutional goals and priorities.

Describe how your departmental activities will improve your job performance relative to these goals. List specific skills and/or knowledge that you expect to acquire or develop from this experience.

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3. How will information gained from this experience be relevant to others at QCC? Describe how you will share this information so that it will impact QCC (e.g., provide a workshop, brown bag lunch, video presentation, information-sharing via Div/Dept meeting, etc., and/or an article for *Visions*). See page 3.

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4. Indicate amount requested from **Staff Development**: (*eligibility requirements, page 3*) \$\_\_\_\_\_.

5. Indicate **total estimated departmental activity expenses** below: (*original documentation will be required for all expenses*)

Expense: (*please specify:* \_\_\_\_\_) \$\_\_\_\_\_.

Expense: (*please specify:* \_\_\_\_\_) \$\_\_\_\_\_.

Expense: (*please specify:* \_\_\_\_\_) \$\_\_\_\_\_.

Expense: (*please specify:* \_\_\_\_\_) \$\_\_\_\_\_.

Expense: (*please specify:* \_\_\_\_\_) \$\_\_\_\_\_.

Total estimated departmental activity expenses: \$\_\_\_\_\_.

If applicable, indicate other funding source(s) for expenses: (*cost center* \_\_\_\_\_) \$\_\_\_\_\_.

**Approved amount of departmental funding:** (*for Staff Development Office use only*) \$\_\_\_\_\_.

6. Attach additional relevant information (e.g., departmental activity plans, etc.).

7. I request to be absent from campus/classes/work (if applicable): \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

8. I have arranged coverage for my classes/work responsibilities (if applicable): \_\_\_\_\_

9. Please obtain all required approval signatures and return signed/completed form to Staff Development, mailbox #162; ***any form lacking appropriate signatures will be returned to applicant.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved Coordinator/Dept Head: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved Supervisor/Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not Approved \*E-Team: \_\_\_\_\_ Date: \_\_\_\_\_

***\*"E-Team" refers to certain members of the President's Executive Team (e.g., Vice President of Academic Affairs, Vice President of Enrollment & Student Services, etc.)***

***For Staff Development Office use only:***

Approved  Not Approved Staff Development: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Approval Not To Exceed \$\_\_\_\_\_ Cost Center: \_\_\_\_\_ Line(s): \_\_\_\_\_

Staff Development Cost Center Head: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

**QUINSIGAMOND COMMUNITY COLLEGE  
STAFF DEVELOPMENT  
REQUEST FOR DEPARTMENTAL FUNDING, PART II**

**Submit reimbursement form, *upon completion of activities*, to Staff Development, mailbox #162.  
*Forms that are incomplete or lacking original receipts/documentation will be returned to applicant.***

Instructions: In order to receive compensation/reimbursement, upon completion of the departmental activities, complete all applicable portions of this form and attach original receipts/documentation of departmental activities. ***Please note that photocopies are not acceptable forms of documentation; all receipts/documentation must be in their original state or reimbursement will not be made.*** Submit form and documentation to Staff Development, mailbox #162, within 30 days of completion of the departmental activities; Staff Development will forward all signed forms, original receipts/documentation to the Business Office.

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Please specify **departmental activity expenses** below: *(original documentation required for all expenses)*

Expense: *(please specify:* \_\_\_\_\_) \$ \_\_\_\_\_.

Expense: *(please specify:* \_\_\_\_\_) \$ \_\_\_\_\_.

Expense: *(please specify:* \_\_\_\_\_) \$ \_\_\_\_\_.

Expense: *(please specify:* \_\_\_\_\_) \$ \_\_\_\_\_.

Expense: *(please specify:* \_\_\_\_\_) \$ \_\_\_\_\_.

**Total Departmental Activity Expenses:** \$ \_\_\_\_\_.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Development:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comptroller:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For Staff Development Office use only:***

**Received:** \_\_\_\_\_ **Approved Reimbursement Amount:** \_\_\_\_\_

**Cost Center(s):** \_\_\_\_\_ **Line(s):** \_\_\_\_\_