

Dallas County Community College District
PROFESSIONAL ENHANCEMENT PROGRAM FUND (PEP)
(Formerly Renewal Program Fund – Revised May 14, 2010)

APPLICATION FOR FUNDING

***PLEASE NOTE:** No request will be considered unless this form is thoroughly completed and all required documentation is attached. The PEP Review Committee will systematically review all request for funding. Funding is contingent upon the approval of the PEP Review Committee. It is recommended that requests for funding and required paperwork be submitted a minimum of 60 days prior to the start of the proposed professional development experience.*

Name:		Employee #:	
Academic Year:		Date of Application:	
Location:		Division:	
DCCCD Extension:		Supervisor:	
Years Employed with DCCCD:			

Current full-time Employment Category: (check one)		Administrator
		Faculty
		Professional Support Staff

Title of Activity:	
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Dates of Activity:	From:		To:		Amount Requested:	
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Will Additional District/Campus Funding be used?	Yes:		No:	
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If yes, Check Source of Funding:	District:		Campus:	
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Is this your First Application for Funds?	Yes:		No:	
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If No, List Year(s) Funding was Previously Received:	
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Professional Enhancement Program Fund (PEP)

Application for Funding

Page two

PROPOSAL

Describe your proposal for the Professional Enhancement Program Funding, including the title of your program.

Provide dates and location. All out-of-county travel must be documented and an itinerary included. A copy of seminars/symposium registrations must also be included. If you are requesting any pre-pays for registrations, the completed original registration form must be submitted.

DATE(S):	LOCATION(S):

What professional enhancement tools and goals do you hope to attain? How will this experience enhance your work with the DCCCD?

Professional Enhancement Program Fund (PEP)

Application for Funding

Page three

PROFESSIONAL ENHANCEMENT PROGRAM REQUEST CHECKLIST

(Please check boxes on left to confirm that you understand and will provide the forms listed below)

	PROFESSIONAL LEAVE AND TRAVEL REQUEST FORM
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*Provide detailed estimated expenses and other required forms. If other location funding has been applied for, **all original paperwork** must be supplied with the application.*

	INFORMATION SUBMITTED IN SUPPORT OF THIS APPLICATION IS TRUE AND CORRECT
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I fully understand that the submittal of an application does not assure automatic approval of the request.

	POST-PROJECT EVALUATION FORM COMPLETED
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I understand that the post-project evaluation form must be completed in order to protect the non-taxable status of this award. I also understand that I may be requested present a future workshop or similar session to other District employees.

Applicant:		Date:	
Supervisor:		Date:	
President, Vice Chancellor or Chancellor's:		Date:	

TO BE COMPLETED BY DHR

PEP Review Committee Forwarded for Review Date:	
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Approved DHR:		Yes	No
Approved OD:		Yes	No
Approved FAC:		Yes	No

State reason if not approved:

Signed (DHR):		Date:	
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Application Processed/Date:	
Reimbursement Processed/Date:	
Post-Project Evaluation Form Received/Date:	

DHR: 10/07/10