



## TITLE V PROFESSIONAL DEVELOPMENT GUIDELINES

Trinidad State Junior College (TSJC) encourages employees to develop job skills and abilities which will benefit the employee as well as the College. According to State Board Policy (BP3-60), **the course(s) must be job related, applicable to a degree or career enhancing.** In addition to the following guidelines, please keep in mind that TSJC policy and procedures must also be followed

### Eligibility Guidelines

All full-time and part-time employees of TSJC are eligible to participate if the following conditions are met:

- Employee is in active pay status, defined as not being on partial or full-time disability leave, workers' compensation, administrative leave, or other leave of absence at time of application and/or beginning of program.
- Employee has at least six months of current, uninterrupted service as a TSJC employee.
- Employee is still employed by TSJC when final reimbursement paperwork is submitted.
- **Full-Time Employees** are eligible for up to **\$5,000** and **Part-Time Employees** are eligible for up to **\$3,000** to be used for professional development training, workshops, seminars, or tuition toward an event that provides knowledge or skills related to their major job duties.
- If a **Full-Time Employee** receives **\$3,000 or more** or a **Part-Time Employee** receives **\$2,000 or more** they will be required to complete a letter of commitment to the college for an additional year.
- In order to receive tuition reimbursement, the courses must provide academic college credit, be part of the approved degree program and a grade of "C" or better must be earned.
- Forms must be completed and approved before the course is taken. *\*Failure to submit in a timely manner could result in tuition scholarship being denied.\**

### Application Process

- Applications **must** be pre-approved. If possible, submit application 30 days prior to the registration deadline.
- Applications **must** contain all the requested signatures, information and attachments. Incomplete applications will not be considered and will be returned to the employee.
- Each application **must** include the following:
  - Completed registration form with provider name, contact person and phone number
    - For workshops/trainings, a copy of publication describing the title, date, location and cost of event; and if applicable, name of the accreditation body and type of professional development credits offered
    - For tuition reimbursement, a copy of the official course description from the catalog, a fee schedule listing cost per credit hour along with other eligible fees, and proof that the institution is accredited.
  - Copy of approved travel papers for workshops/seminars if travel is necessary
- Applicants will receive notification of approval and confirmation of event registration within 15 working days after **completed** application is received in the Title V office.



600 Prospect Street Trinidad, Colorado 81082 719-846-5569

## TITLE V PROFESSIONAL DEVELOPMENT APPLICATION

Please complete this form with the requested information including employee signature, Supervisor/Dean signature and President's signature and return to the Title V office (Berg 103 or Box 131).

### Application Information

**Full Name:** \_\_\_\_\_  

Last
First
M.I
S#

**Home Address:** \_\_\_\_\_  

Street Address
City
State
Zip

**Home Phone** ( ) \_\_\_\_\_ **Work Phone** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**I am a**  Full-Time Employee (40 hrs wk)  Part-Time/Adjunct Employee (<40 hrs wk) Title: \_\_\_\_\_

### Event Information

**Circle One:** Conference Seminar/Workshop Continuing Ed **Program Type:** Bachelor's Graduate Doctorate

Event Provider: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Fee: \$ \_\_\_\_\_ Other Event Related Costs: \_\_\_\_\_

### Continuing Education Information

Institution Name: \_\_\_\_\_ Address: \_\_\_\_\_

Course #	Course Name	Cr. Hrs.	Start & End Dates	Tuition per cr. hr.	Additional Fees	Total
					Subtract Other Assistance	
					Total Amount Requested	

### Professional Development Assistance Agreement

In order to receive Professional Development funds from Title V, I agree to submit copies of all required documentation to support program registration, attendance, and completion. I understand that as a FT employee receiving funding of \$3,000 or more or as a PT employee receiving funding of \$2,000 or more, I agree to extend my employment commitment to TSJC. I also understand that I may be asked to present information received from training/conference/classes.

My signature below indicates that the information contained in this application is correct to the best of my knowledge, and that I agree with the terms outlined above.

\_\_\_\_\_ Date

Employee Signature

\_\_\_\_\_ Date

Supervisor/Dean Signature

Date

\_\_\_\_\_ Date

Title V Director Signature

Date

\_\_\_\_\_ Date

President's Signature

Date