



FACULTY/STAFF PROFESSIONAL DEVELOPMENT FUND

PURPOSE

To aid in the cost of professional development for full-time faculty and staff of Piedmont Community College to benefit the recipient and the College. Professional development is defined as learning state of the art procedures and knowledge for the growth and development of the individual and for the benefit of Piedmont Community College.

GUIDELINES

The maximum amount awarded for each individual shall not exceed \$500 per fiscal/academic year on a reimbursement basis. Any applicant who qualifies for financial aid, including the Pell Grant, is not eligible for these funds.

Monies approved from this program must not be used to support institutional funds. Development programs funded by the institution, such as workshops and seminars conducted for employees to fulfill their present job responsibilities will not be funded by this program nor will classes taken at the request of a supervisor.

The course(s) work must address specific objectives in the employee's professional growth while pursuing either a higher degree or through individual professional development courses taken at other accredited institutions of higher learning.

PROCEDURE

The applicant will submit a request for support from the Professional Development Fund which will include a syllabus or complete description of the course(s) the applicant completed, proof of class completion (final grade or transcript), and proof of payment for the course. The request must be submitted through the employee's immediate supervisor to the appropriate Vice President. The Vice President will approve the request, with comments, as appropriate. The Vice President will forward the request to the Executive Director, PCC Foundation.

REVIEW AND SELECTION PROCESS

The Executive Director, PCC Foundation will review the request and upon approval, the applicant will be notified. Reimbursement will be made not to exceed the amount approved.

FACULTY/STAFF PROFESSIONAL DEVELOPMENT FUND APPLICATION

Date Submitted: _____

1. Name _____

2. Mailing Address _____ Phone (____) _____

City, State, Zip Code _____

3. Position _____ Division/Department _____

4. Course Description _____

Name and Address of Educational Institution

Date(s) of Course(s) _____

Cost _____

Other Information

5. Specific Objectives to be met in your Professional Development (you may attach a copy of your Professional Development Plan if you desire).

6. How will this course(s) benefit Piedmont Community College?

I have reviewed this request and agree that the course as outlined falls within the scope of the applicant's professional development.

Supervisor	Date	Vice President	Date
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FOR FOUNDATION USE ONLY

Approved Denied Date: _____ Amount Awarded: _____

Number of Previous Awards: _____ Cumulative Amount: _____

COMMENTS:

Revised 8/16/2024