

Type or Print Clearly

F/D Log # \_\_\_\_\_

**KAPI'OLANI COMMUNITY COLLEGE**  
**INDIVIDUAL TRAVEL AND/OR TRAINING**  
**FACULTY DEVELOPMENT FUND APPLICATION / VOUCHER**

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
If lecturer or casual hire, number of credits taught at KCC (including the current semester): \_\_\_\_\_  
Dept.: \_\_\_\_\_ Office location: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Activity: \_\_\_\_\_

Location: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

Anticipated Benefits to Applicant's Professional Development:

Anticipated Benefits to the College:

Please attach additional page(s) if necessary.

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Has applicant previously received KCC Faculty /Staff Development funding? ☐ yes ☐ no

If so, when? \_\_\_\_\_ For what activity? \_\_\_\_\_

Total Expenses:	Amount
Registration Fee	\$ _____
Air Fare (inter-island travel only)	\$ _____
Per Diem (inter-island travel only)	\$ _____
Other: _____	\$ _____
<b>Total</b>	<b>\$ _____</b>
<b>Faculty Dev. Funds Requested</b>	<b>\$ _____</b>

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

Supervisor/Dept. Chair Approval \_\_\_\_\_ Date \_\_\_\_\_

**FACULTY DEVELOPMENT FUNDS**

☐ **APPROVED**

Faculty Development Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Vice Chancellor for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

Authorized Account Code: \_\_\_\_\_

**FACULTY DEVELOPMENT FUNDS**

☐ **DENIED**

Reason for Denial: \_\_\_\_\_

Faculty Development Coordinator \_\_\_\_\_ Date \_\_\_\_\_

(This approved Application/Voucher must be attached to Payment Requisition or Travel Request)

When submitting this form, please include:

- ☐ Form 410: UH Training Request, if campus travel document is not required
- ☐ 1 copy of the Conference/Training Announcement/Agenda justifying requested funds

Submit the forms and brochure copy to Martin Chong, Faculty Development Council Coordinator, by the deadlines indicated in the current Faculty Development Council Guidelines. Deadlines will be strictly observed.

UNIVERSITY OF HAWAI'I  
TRAINING REQUEST FORM

(Check one)

TYPE OF COURSE: \_\_\_\_DHRD-SPONSORED \_\_\_\_OHR-SPONSORED \_\_\_\_OTHER TRAINING  
(Attach Course Description)

Course Information:

Title \_\_\_\_\_ Course Date/Time \_\_\_\_\_

Provider \_\_\_\_\_ Course Code/Session No. \_\_\_\_\_  
(DHRD-Sponsored Training Only)

Provider's Address \_\_\_\_\_ Training Location \_\_\_\_\_

Contact Person Information: \_\_\_\_\_ Purchase Order No. \_\_\_\_\_

Name/Department/Phone No./E-mail Address: \_\_\_\_\_

List of Participant(s): (attach separate sheet if needed)

Name (Last, First, MI)	Soc.Sec.No. (To Be Completed for DHRD-Sponsored Training Only)	Official Title	Division/Section	Phone
1.				
2.				
3.				

Cost to Department:

Item	Program Cost (Registration/ Tuition Fee)	Per Diem	Air Transportation	Ground Transportation	Justify and List Other Expenses	Total
Per Participant						
Total						

Note: If travel is involved, appropriate travel documents should be completed in accordance with A8.851.

State reason(s) training is essential for participant(s):

Signature of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Official Designee: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name of Official Designee: \_\_\_\_\_ Date: \_\_\_\_\_

☐ I have determined that this training is appropriate for the participant(s) listed above, in accordance with A9.160. Therefore, this request is approved for \_\_\_\_\_ person(s).

☐ This request is disapproved for the following reason(s):

☐ Training is not required by Federal and/or State law(s) nor is it directly related to the participant's job so as to increase effectiveness, knowledge, proficiency, skill and qualification, or to prepare for future assignments.

☐ Comparable training is available from (circle one) DHRD/OHR at same or lesser cost.

☐ Employees whose employment is less than half-time and/or employed three months or less are not eligible to attend training.

☐ Training request was submitted late without appropriate justification.