

## Student Affairs Staff Development Fund

### Guidelines

#### Purpose:

The Staff Development Fund is intended to promote staff development efforts that enhance staff effectiveness and productivity with respect to current duties and responsibilities while also providing skill development opportunities which may lead to advancement or lateral movement (via cross-training).

#### Requirements:

- Applicants must be Student Affairs staff members in Career status.
- Applicant's most recent overall performance evaluation rating must be "Solid Performance" or better.
- Activity and Applications must be approved by supervisor and Unit Head.
- Applicant and/or departments are responsible to cover costs; funds are reimbursed upon submission of documentation of completion.

#### Supervisor Responsibilities:

Supervisors are expected to play a **key role** in prioritizing and approving proposals and the unit is **required** to fund a share of the cost whenever possible. Staff members should review proposals with supervisors to ensure consistency with the employee's and unit's staff development needs. As supervisors track employee education and development, they should include this training in the employee development section of the **performance appraisal**. In addition, supervisors should consider cost-saving alternatives such as training through UCSD Human Resources Staff Education and Development. It is also your responsibility to ensure that the applicants meet all eligibility requirements.

#### Maximum Award:

- \$500 for individual award per person per fiscal year
- \$1,000 for group or team award

#### Submission Deadline:

- Applicants must apply by the published deadline (no retroactive funding).
- There is no guarantee that an application will be approved. Thus, departments and/or individuals must be willing to cover the entire cost of the activity or event if the individual commits to the activity before the application is approved.

#### Eligible Costs:

- Examples of eligible costs include registration fees, materials, speakers, airfare, mileage reimbursement, etc. that are internal or external to UCSD.
- For certificate and degree programs, the applicant **must** apply for a specific course, not the program in general.
- Applicants will be eligible to receive funds towards a degree program **once**.
- Applicants will be eligible to receive funds towards attendance of a professional conference **once every three years**.
- Changes to approved activities must be submitted to the Committee for reconsideration of funding.

**PLEASE NOTE:** Proposals for recurring events will be considered with lower priority for repeat attendees.

#### Ineligible Costs:

- **Award funds may not be used to pay for: meals, lodging, parking, insurance, medical costs, membership and/or association fees & dues, courses required to maintain a current license or board certification, and credential/licensure fees.**

#### Reimbursement:

Upon completion of the activity/event, it is the applicant's responsibility to request that their business officer submit proof of completion and documentation of expenditures to the Staff Development Fund Coordinator (MC 0015) for reimbursement by VCSA. This includes the applicant's award letter, ledgers, travel vouchers, registration confirmation, receipts, etc. These documents must be received within **6 weeks** following completion of the activity. Failure to submit these documents by the deadline (or notify VCSA of outstanding circumstances) will result in forfeiture of the award.

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 Proposal for Individual Funds

Today's Date: \_\_\_\_\_

**Applicant Contact Information**

Name: \_\_\_\_\_ Working Title: \_\_\_\_\_  
 Department: \_\_\_\_\_ Payroll Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Program/Activity Information**

Name of Program: \_\_\_\_\_  
 Location: \_\_\_\_\_ Date: \_\_\_\_\_

Goal(s) of Activity: \_\_\_\_\_  
 (Please check all that apply)

Cross-training                       Outreach/Networking  
 Skill Development                       Continuing Education

Description:

**Funds must be requested and approved in the quarter preceding the proposed activity (Ex: Request funds in Summer for Fall activity)**

**Expenses**

Registration Fees: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_  
 Materials: \$ \_\_\_\_\_ Other (Please Specify): \$ \_\_\_\_\_ Expense Total:

**Expense Contributions**

Department: \$ \_\_\_\_\_ - Other (list source): \$ \_\_\_\_\_  
 Individual: \$ \_\_\_\_\_ Contribution Total:

**Total Requested from SDF:**   
 (Subtract Contribution Total from Expense Total)

*Maximum Individual Award: \$500*  
*Expenses NOT covered by SDF: Meals, lodging, parking, insurance, medical costs, membership and/or association fees & dues, courses required to maintain a current license or board certification, and credential/licensure fees.*

1. Briefly describe how this activity enhances your knowledge, effectiveness, skills, productivity and supports your career development.

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2. How will participating in this activity improve services to students?

3. If this proposal is for attendance at a conference or workshop, indicate how the information obtained will be reported or shared with the department or cluster.

4. Have you engaged in this activity or attended this event before? If yes, please explain:

**Next Steps:**

1. Receive approval to submit this application from your supervisor. (A signed copy is to be retained in your department.)
2. Submit this form as an e-mail attachment to [sastaffdevelopmentfund@ucsd.edu](mailto:sastaffdevelopmentfund@ucsd.edu); by fax to 858-534-1340; or, by mail to MC0015
3. If submitting an unsigned proposal to the committee, we are happy to receive electronic endorsements at the email address above
4. Print this form for your records.

**Applicants:** I, the undersigned, have read the Staff Development Fund Guidelines, meet all eligibility requirements, and have personally completed this proposal to the best of my ability.

Signature: \_\_\_\_\_

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

**Supervisors:** I, the undersigned, have read the Staff Development Fund Guidelines and affirm that the applicant meets all eligibility requirements. I am also confirming that I have reviewed this proposal in its entirety and fully endorse the applicant's request for Staff Development Funds.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Working Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Unit Head/Cluster

Director Signature: \_\_\_\_\_

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