STTUF (SKILLS FOR TEACHING/TECHNICAL UPDATING FUND) WHAT IS IT AND HOW DO I GET IT?

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STTUF Co-coordinators

WHAT IS STTUF? SKILLS FOR TEACHING/TECHNICAL UPDATING FUND

- The money from this fund is to be used for the improvement of instructional and educational activities through professional development of the faculty.
- This may be for expenses incurred while attending college courses, state or national professional conference, trade seminars or workshops, educational industry conferences, working in industry to learn new technology and books required for approved professional development activities. (Books purchased with STTUF funds become the property of the college).

HOW MUCH AM I ELIGIBLE FOR?

- Full time faculty that are in good standing are eligible for STTUF funds initial approval of up to \$250.
- Part time/Adjunct faculty that are in good standing are eligible for a prorated amount of the initial \$250 based on credit assignment at the time of the application.

WHO SIGNS WHAT?

- Applications for funding should be made prior to the date the professional development activity is to take place.
- We request that applications be submitted electronically prior to Spring Break if possible.
- If your event cost is in excess of \$250, and you are seeking reimbursement, you will need to visit with your supervisor/Dean to obtain approval for the excess amount with funding from the College Professional Development Funds. He/She will sign their approval on the STTUF application. We will then sign for the \$250 allocation.
- Once all requests have been received for the fiscal year, and the STTUF funds balance is determined, we will determine excess distribution. Your supervisor/Dean will be notified of the transfer of fundings from STTUF to the College PD Funding account. Distribution of excess funds will be determined by the STTUF co-coordinators.

Steps to STTUF application

T. OBTAIN NECESSARY SIGNATURES. FILL OUT THE APPLICATION FORM. WHERE IS IT? NCTC WEB, FACULTY/STAFF, DOCUMENTS/FORMS, **PROFESSIONAL** DEVELOPMENT.



East Grand Forks Campus Skills for Teaching/Technical Updating Funds (STTUF Funds) Application

IAME:	POSITION/TITLE	
PROGRAM:	Full Time/Part Time	e/Adjunct
	nt activity are you applying for? scribing the event you wish to attend.)	
When is the activity taking pla	ace?	
Where is the activity being he	ld?	
Professional Objectives:		
Anticipated Total Activity Cos	t (=)	
Submitted by:	Date	:
Amounts over \$250 must becordinator.	e approved by Supervisor/Dean prior	to submission to STTUF
STTUF Funds request (Ma	Cost Center <u>163821</u>	
Approved: Karen Znajda o	DATE:	
Request College Profession costs to be preapproved by	Cost Center	
	Amount:	Cost Center
Approved: Signature of S	DATE:	
<u> </u>	•	
STTUF excess disbursem	ent (reviewed and approved in April)	
	Amount:	Cost Center <u>163821</u>
Approved: Karen Znajda d	r Trisha Stromsodt	DATE:

PROCEDURE FOR APPLICATION AND RECEIVING OF FUNDS

- 2. Submit form to the STTUF Coordinators for approval via email. (NOTE: Costs are not paid in advance). If amount is in excess of \$250.00 and you are requesting reimbursement, you will additionally need to have your supervisor/Dean sign.
- 3. The STTUF Coordinators will notify the requestor of approval or denial of request by returning the application via email.
- 4. Fill out a "Travel Request for either Instate or Out of state. Which ever is applicable to your activity/event.

Attach your approved STTUF application with your travel request to your appropriate Dean along with any other required information.

5. Following completion of the approved funded activity, complete necessary documents for reimbursement and submit to your appropriate supervisor/dean.

Items to submit for Reimbursement

- √ Completed Expense report
- √ Receipts for items within the activity
 - I.e.: lodging, conference cost, parking, baggage
- ✓ Agenda for conference or supporting information as to what the funding is going towards

Once your Dean received this, he/she will forward for reimbursement.

In April, the STTUF coordinators will meet and determine if excess funding is available and amounts to be reimbursed to the College Professional Development Fund for activities in excess of \$250.

TO FIND THE EXPENSE REPORT GO TO EMPLOYEE HOME PAGE, CLICK ON

DOCUMENT/FORMS
HUMAN RESOURCES
EXPENSE REPORT
BUSINESS EXPENSES
AND EMPLOYEE
EXPENSE REPORT

□ IN-STATE SHORT TERM ADVANCE OUT-OF-STATE RECURRING ADVANCE SEMA4 EMPLOYEE EXPENSE REPORT Check if advance was issued for these expenses FINAL EXPENSE(S) FOR THIS TRIP?																									
Employee Name KAREN ZNAJDA Home Address (Include City								and State) Permanent Work Station (Include City and State)									Ag	ency		1-Way	les Job Title Nursing Faculty				
Employee ID Rod # Trip Start Date Trip End Do						End Dat	e	Reaso	for Trav	for Travel/Advance (30 Char. Max) [ex				YZ Co	nferen	e, Dallas, TX						Barg, Unit Expense C		oup ID (Agency	
+ <u>8</u>	A	Accounting Date		Fund	Fin	DeptID	D Approp1D		SW Cost	Sub Acct		Agncy Cost 1		ncy Cost 2	PC BU		Project		(ect	Activit	y	Sice Type Cate		ory Sub	-Cat Distrib %
Chart String(S)	B																		_						
-		A. Description	in:											B. C)escri	_									
Date Daily Description Time						Itinerary Location			Trip Miles Total T			Mileage Rate		B	leals -	/ D	Total Meals (overright stay)	Total Meals (ne evenight stay) issues	Lodging	Persona		Parking	Total		
					Depart Arrive							Fig										0.00			
					De	part		-					Ę										0.00		
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			MII	FAGE R	FIMBI	URSEME	NT C	ALCULA	TION			0	_		1	OT	HFR	FXF	0.00 PENSES - 3	0.00 See revers	0.00 e for list	of Farn	_	0.00	0.00
Enter the rates, miles, and total amounts for the mileage listed above. Get the IRS rate from your agency business expense contact.							Rate	Miles	Wes Total Mileag		mt. Date		Eam Code		Comments Total										
Enter rate, miles, and amount being claimed at equal to the IRS rate.											0.00							Н							
2. Ente	r rate,	miles, and amou	int being	claimed at	less than	the IRS rati	.				0.00														
	 Enter rate, miles, and amount being claimed at greater than the IR8 rate. 							_	_		0.00							-							
	Add the total mileage amounts from lines 1 through 3. Enter IRS mileage rate in place at the time of travel.										0.00			_				-							
	Subtract line 5 from line 3.							0.000																	
7. Enter total miles from line 3.									ū								Subtotal Other Expenses: (B) 0.00								
Multiply line 6 by line 7. This is taxable mileage.												_			_	Total	Total taxable mileage greater than IRS rate to be reimbursed: (C)								
Subtract line 8 from line 4. If line 8 is zero, enter mileage amount from line 4. This is non-taxable mileage.									(Copy						(1)	Total nontaxable mileage less than or equal to IRS rate to be reimbursed: (D)							0.00 MH or MLO		
f using private vehicle for out-of-state travet: What is the lowest airfare to the destination? Total Expenses for this trip must not exceed this amount.															Grand Total (A + B + C + D) 0.00										
Recises under persists of programs of the pr														0.00											
								Date	Work Phone:						Amount of Advance to be returned by the employee by deduction									0.00	
Approved: Based on knowledge of necessity for travel and expense and on compliance with all provisions of applicable travel regulations. Appointing Authority Designee (Receded for Recurring Advance and Special Expenses)																									
Supervisor Signature Date							Date				Signature	ature Date													