**Adjunct/FT Temp Professional Improvement Plan**

**& Funding Request**

\**Funding requests must be approved by VPAA office before activity or expenditure.*

Instructor Name: **ID#**:

Check One: \_\_\_\_ Adjunct \_\_\_\_ FT Temp

Academic Year:

1. *Description of goal relating to specific skill development:*
2. *Planned activities to meet above goal:*

*(Include costs and dates of travel, name of conference, event, etc. as applicable)*

1. *Description of benefits to the individual, department, and college:*

**Send to PIRT Committee Specialist for committee review.**

(see [PIRT Committee Members - Central Oregon Community College (cocc.edu)](https://www.cocc.edu/committees/professional-improvement-resource-team/pirt-committee-members.aspx) for contact info)

*Signatures of Faculty member, Designated Evaluator (D.E.), PIRT, and Instructional Dean, will be collected electronically via Adobe Sign.*