

POLICIES AND PROCEDURES

Subject: Professional Training Reference: F-III-d, 1
Source: President Eff. Date: January 17, 2006
Approval Auth.: President Approved: _____
Remarks: Replaces previous policy dated January 10, 2002.
Date: January 17, 2006

Professional Training

McLennan Community College is committed to training, education, and developmental activities for its employees. MCC encourages the use of training and career opportunities programs in accordance with equal employment opportunity principles and in compliance with regulatory and policy requirements. MCC seeks to increase the efficiency and effectiveness of operations by developing its employees within the limits of its available resources through establishment and operation of needed training programs; and employee participation in other training opportunities. Employees should be trained using the most cost effective and efficient internal and external training resources.

If McLennan Community College resources are to be used for professional training of an employee and the college anticipates investing a significant amount for registration and/or travel reimbursement, the Employee and MCC will complete an Agreement for Professional Training document prior to the commencement of such training. The Dean and/or appropriate Vice President or the President will determine whether an agreement is necessary and will designate on the college's travel form.

When MCC agrees to provide leave, and/or pay for professional training for an employee, the Employee agrees to devote reasonable time and effort to the satisfactory completion of such training in a diligent and conscientious manner. Providing this training does not constitute a contract of employment between the College and the Employee, nor does it create a reasonable expectation of continued employment for the Employee.

In exchange for such training, the Employee agrees to utilize the skills and knowledge acquired through such professional training exclusively for MCC for at least one-year. The appropriate Dean or Vice President will determine minimum service required. This period will commence upon completion of the training and is subject to continued satisfactory performance as determined by the College.

If the Employee terminates employment for any reason prior to the end of the designated period (unless such cessation is mutually agreeable), the Employee shall repay to the College a pro rata portion of an amount stated in the Agreement for Professional Training within 30 days of the last day of employment unless another repayment schedule is agreed upon by both parties. If the President determines reasonable cause for resignation, the College can forgive repayment.

McLennan Community College and _____, an Employee of MCC, hereby agree that MCC will pay for the Employee to receive professional training on the following terms and conditions:

1. MCC has determined that additional professional training for the Employee as described in Paragraph 2 below will provide a direct educational and/or economic benefit for the College. Therefore, the College agrees to provide professional training at an estimated total cost of \$_____.
2. The Employee hereby agrees to undertake the following professional training, to be paid by the College as provided in Paragraph 1, and to devote reasonable time and effort to the satisfactory completion of such training in a diligent and conscientious manner:
 Description of activity:
3. The Employee agrees to serve as an employee of the College and will utilize the skills and knowledge acquired through such professional training solely for the benefit of the College, during the period from _____ to _____, subject to continued satisfactory performance as determined by the College. The Employee will not compete with the college by using the skills learned for financial benefit during the period of employment. If the Employee ceases to be an employee of the College for any reason prior to the end of the designated period the Employee shall repay to the College a pro rata portion of the amount specified as a Total in Paragraph 1 of this Agreement. Such repayment is to be made within 30 days of the last day of employment unless another repayment schedule is agreed upon by both parties. Reasonable cause for cessation of employment at the College President's discretion may allow for such repayments to be forgiven.
4. This Agreement does not constitute a contract of employment between MCC and the Employee, nor does it create a reasonable expectation of continued employment for the Employee.
5. This Agreement shall be interpreted in accordance with the laws of the State of Texas. Venue for any dispute regarding the interpretation or enforcement of this Agreement shall be McLennan County, Texas.
6. This Agreement is executed in triplicate originals, one (1) copy for the College, one (1) copy for the Employee, and one (1) for Human Resources.

Dean/Vice President

Employee

Date _____

MCC Travel Procedures

(Revised January, 2006)

Before travel: *Submit Travel Approval/Reimbursement Request form to immediate supervisor.*

1. Secure hotel tax exemption form and tax identification number from Business Office.
2. Submit copy of approved Travel Approval/Reimbursement Request to Business Office by 5:00 p.m. on Tuesday to receive trip advance check by Friday during fall and spring semesters.
3. For summer school, submit copy on Monday to receive check by Thursday.

Note: If this request covers funds approved by the Professional Development Committee, the form must be processed per the instructions in the PD Proposal Guidelines.

During travel: *Keep required receipts for travel, lodging, and meals.*

1. Receipts not required: miscellaneous items such as tips or items for which a receipt is not customarily given.
2. Detailed receipts required for travel, lodging, and meals.

After travel: *Within ten days of return submit form and receipts*

1. Within ten days of return submit Travel Approval/Reimbursement Request form with receipts to immediate supervisor. Supervisor should submit form and receipts to Business Office or Carla Merritt if Professional Development Committee funded within ten days of the employee's return.
2. When advance exceeds actual expenses, submit reimbursement with form and receipts.
3. Purchasing Card original receipts should be attached to Account Statement for period covered. Then attach a copy of the receipt to this form.

Notes: *All international travel must be approved by the President.*

1. State tax will not be reimbursed for in-state lodging. Hotels in Texas will exempt the College from state taxes, but not city taxes, when the form is completed and filed upon registration at the hotel. Some hotels do not provide forms. Forms can be obtained from the Business Office.
2. College does not reimburse for alcohol.
3. The College does not pay sales taxes. It is the responsibility of the employee to inform the vendor. Any sales tax paid using the Purchasing Card, must be reimbursed to the College by the employee.

**McLennan Community College
Travel Approval/Reimbursement Request**

Requested by: _____ Emp. # _____ Date of Request _____

Names and Emp. # of Others Traveling: _____

Trip Approval: _____
 Employee Signature/Date of Request Account Number

This activity meets the criteria for professional training and requires an agreement to be signed.

 Dean/Date of Approval
 ADMINISTRATIVE APPROVAL: _____
 Administrator/Date of Approval

PROFESSIONAL DEVELOPMENT
 COMMITTEE ADMIN. APPROVAL : _____
 Professional Development/Date of Approval

OUT OF COUNTRY APPROVAL: _____

Expenses:	Estimated:	Purchasing Card	Paid –Not with PC
		Charges	Cash or Charges
Mileage: _____ @ \$0.405	\$ _____	\$ _____	\$ _____
Public Transportation: _____	_____	_____	_____
Meals: _____	_____	_____	_____
Lodging: _____	_____	_____	_____
Fees: _____	_____	_____	_____
Other: _____	_____	_____	_____

TOTAL: \$ _____ \$ _____ \$ _____

(Needed Date Advance: _____) Amount Advanced: \$ _____

CERTIFICATION OF ACTUAL EXPENSES TO BE PAID:

Name: _____	Account # _____	Amount \$ _____
_____	Account # _____	Amount \$ _____
Name: _____	Account # _____	Amount \$ _____
_____	Account # _____	Amount \$ _____
Employee Signature: _____	Date: _____	
Administrative Approval: _____	Date: _____	

Rev.1/2006