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**Participation in  
Professional  
Conferences and  
Workshops**

# **SOUTH TEXAS COLLEGE**

## **PARTICIPATION IN PROFESSIONAL WORKSHOPS and CONFERENCES**

### **Purpose:**

Participation in Professional Conferences and Workshops are authorized for the primary purpose of increasing the value of the recipient's sustained contribution to the college by providing the individual a significant opportunity for professional growth and will be of benefit to South Texas College in fulfilling its mission and purpose.

### **Eligibility:**

Employees eligible for this benefit are benefit-eligible full-time College faculty or staff members.

### **Procedures:**

Each participant must initiate the process with his/her dean, director or immediate supervisor. For faculty, decisions must be based on faculty loads and curriculum needs. A budget will be developed to fund such activities. A promissory note must be sustained by the employee if the cost of the conferences or workshops exceeds \$1500.00. The promissory note stipulates that the employee must fully reimburse the College if he/she terminates employment with the College within one year from the date of the conference or workshop. In addition, an 8% annual interest rate will be assessed on the total amount of the promissory note.

SOUTH TEXAS COLLEGE

Professional Development Plan  
Participation in Professional Conferences and Workshops

NAME \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

1. Statement of why participation in professional conferences and workshops will improve skills and knowledge in current job or extend potential for future promotion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name of Conference or Workshops: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Conferences or Workshops: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Location of Conference or Workshops:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Date

- Approved       Not Approved

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
DATE

- Approved       Not Approved

\_\_\_\_\_  
ACCOUNT MANAGER

\_\_\_\_\_  
DATE

# South Texas College

## PROMISSORY NOTE

### Employee Participation in Professional Conferences and Workshops

In consideration for course fees for \_\_\_\_\_  
(Name of Professional Conference/ Workshop)

\_\_\_\_\_ at a total of \$ \_\_\_\_\_ in said fees, I,  
(Total Fees)

\_\_\_\_\_ from the department of  
(Name of Employee requesting participation)

\_\_\_\_\_ agree to the following conditions on repayment.  
(Department/Division)

1.) I, \_\_\_\_\_, as maker of this note, agree to pay to SOUTH TEXAS COLLEGE the sum of (\$ \_\_\_\_\_) plus eight percent (8%) annual  
(Total Fees above )  
Interest (\$ \_\_\_\_\_) on or before \_\_\_\_\_ (12 months after conference date) in HIDALGO COUNTY at 3201 WEST PECAN BLVD., MCALLEN, TEXAS 78501;

and

2.) I further understand and agree to full repayment of this note along with any accrued interest within ten (10) business days after voluntary termination of my employment at South Texas College, should this termination occur at any time prior to \_\_\_\_\_  
(One year after date of conference requested)

and

3.) Should I remain continuously employed at South Texas College through \_\_\_\_\_,  
(One year after date of conference requested)  
this note and all accrued interest shall be considered paid in full and any obligations arising from this note shall be voided after said date.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Original must be forwarded to the Office of Human Resources.**