2008-09 STAFF EQUAL OPPORTUNITY ENRICHMENT PROGRAM
Requirements and Selection Criteria for Individual Proposals

Application requirements:
• Deadline for submission of proposals is Monday, May 19, 2008. Proposals must be complete and accurate. **Incomplete applications will be returned**
• The proposed training activity must occur during the period of July 1, 2008 through June 15, 2009.
  Note: Please be aware that the award notifications will not be out until August 1, 2008.
• Requests for tuition and books should not exceed $500. (Do not include: parking, insurance, meals, lodging, transportation, membership dues, conference fees, or health costs.) **Please include copy of course and fees.
  Note: Some institute class fees may be considered for funding, for example, WACUBO Business Management Institute of UC Santa Barbara.

Applicants must:
• Be career employees interested in promotion or a career change to one of UCSD’s job titles.
• Have completed their probationary period.
• Have a recent performance rating of “solid performance” or better.
  Note: Applicants should seek funding from their departments in addition to submitting a proposal for SEOEP funds.

Selection criteria:
1. Does the applicant aspire to a promotion or career change to any of UCSD’s job titles?
2. Does the proposal relate directly to the aspired position?
3. Is the proposal part of an attainable career plan for promotion or a career change?
4. Have staff program funds been allocated previously to the applicant? If so, the evaluation of the previously awarded activity will be used in consideration of this proposal.
5. Is the applicant pursuing a degree? Higher priority will be given to applicants who have not yet attained a Bachelors or advanced degree.
  Note: Based on available funds, previous individual awards may be taken into consideration.

If you receive an award:
• Expend or commit all awarded funds by March 31, 2009. Any unused funds will be forfeited.
• Upon completion of the awarded training activity, submit the reimbursement form and evaluation form found in your award packet, along with original receipts and evidence of successful completion of the training, to Mail Code 0923 by June 15, 2009.
• ** IF you need to change a class, you need to get approval, contact Linda Olvera lolvera@ucsd.edu

Suggestions on career planning:
✓ Visit “My Career at UCSD” Blink Web page at: http://blink.ucsd.edu/go/mycareer
✓ UCSD Job Bulletin has job openings and samples of job descriptions: http://joblink.ucsd.edu
✓ Register for UCSD Career Connection and receive help in completing your career development plan. E-mail career@ucsd.edu for a registration form. Visit the Web: http://blink.ucsd.edu/go/careerconnection
✓ Seek advice from your supervisor who can assist you in examining your skills - strengths and needs.
✓ Consider UCSD training resources, such as Staff Education & Development or Extension.
✓ Call for information about types of job interests that you may have at UCSD:

Grace Balch (858) 534-4890 gbalch@ucsd.edu Staff Education and Development
Michael Yates (858) 822-2583 myates@ucsd.edu Professional Recruitment/Community Outreach
Ann Skinner (619) 543-7622 askinner@ucsd.edu Healthcare Human Resources at Hillcrest
University of California, San Diego
2008-09 Staff Equal Opportunity Enrichment Program
Individual Proposal for Funds

Please review the requirements and selection criteria carefully before completing. Type or print clearly. Fill in all spaces. Incomplete proposals will not be accepted.

| Name ______________________________ | Mail Code ________________ |
| Payroll/Working Title ________________________ | Extension ________________ |
| Department ____________________________ | Employee ID # ____________ |
| Electronic Mail Address ____________________________ |
| Length of employment at UCSD: Years ________ | Months ________ |
| Supervisor’s Name: ____________________________ |

1. List your degrees and certificates: (Check all that apply) __ AA __ Bachelor’s __ Master’s __ Ph.D.
Certificate: ____________________________ Degree in what field: ____________________________

2. UCSD job title to which you aspire in the short term (1 - 3 years):
___________________________________________________________________________________________________

3. UCSD job title to which you aspire in the long term (3+ years), if different from above title:
_____________________________________________________________________________________________________

Submit the information for #4 through #9 separately for each training class.

4. Write a brief description of the expected outcome of your proposed training course(s)/activity.

5. Course Title: ____________________________

6. Offering Institution: ____________________________ No. of units (if applicable): ______
(While courses may be taken at any institution, UCSD courses are encouraged, i.e., UCSD Extension, Staff Education & Development, and Healthcare Training & Development.)

7. Course Description: (Submit a course description and class fees for each class)

8. Proposed date(s) of training course(s)/activity: ____________________________
*Courses must not begin before July 1, 2008*

9. COSTS: (Total amount not to exceed $500.00)

| Tuition Fees for course activity - include discounts | $ |
| Books/Materials | $ |
| Subtract: Departmental reimbursements | $( - ) |
| Subtract: Personal funds | $( - ) |

Total Amount Requested for training activity $___________

**Please list ALL fees (total) tuition and books up to $500.00 on the first page...**

Do not list ineligible costs: conference fees, dues, health, meals, parking, or travel expenses.
10. Are you working for a degree with the requested training activity?  
   YES  NO  
   (Circle one)  
   If yes, please check one:  __ AA  __ Bachelor's  __ Master's  __ Ph.D.  
   and indicate field of study or major: ____________________________________  

11. Are you working for a certificate with the requested training activity?  YES  NO  
   Area of emphasis: ____________________________________  
12. Did you ask your department to fund this proposed training?  YES  NO  
   If no, please explain?  ___________________________________________  

Amount of funding received, if any: $__________  (subtract from cost under #9 Departmental reimbursement)  

13. Did you find other sources of funding?  YES  NO  
   If yes, indicate name of source: ___________________________  and funding received: $__________  (subtract from cost under #9 Personal funds)  

14. Write a brief description of your current job duties:  

15. How would your proposed activity improve your opportunities for a promotion or career change? Please tell how the proposed training activity relates to your short- and long-term objectives.  
   NOTE: This response is very important.  

16. How did you learn about this funding from the Staff Equal Opportunity Enrichment Program?  

17. Have you registered with UCSD Career Connection?  YES  NO  (Circle One)  
   If not, you will receive information about UCSD Career Connection’s free career development services.  
   I certify that I have completed my probationary period and received a current performance evaluation of "solid performance" or better.  

Signature of Applicant  
Date  

Signature of Supervisor  
Date  

Send one signed original of your completed proposal to:  
   Equal Opportunity/Staff Affirmative Action, Attn: Linda Olvera at mail code 0923  