

**APPENDIX P1**  
**APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE**  
**(Article 17 – Professional Development Leaves)**  
Foothill-De Anza Community College District

**It is the faculty member's responsibility to submit this application in triplicate to Human Resource Services, no later than 4:30 p.m. October 15. Applications received on or before October 15 will be forwarded to the Professional Development Leave Committee for review and recommendation to the Board of Trustees. For details see Article 17 of the *Agreement* between the District and the Faculty Association.**

**(Please type or print clearly)**

Name: \_\_\_\_\_ **Extension:** \_\_\_\_\_

Date of first employment as a contract faculty employee: \_\_\_\_\_

Date of most recent Professional Development Leave: \_\_\_\_\_

Discipline or Service Area: \_\_\_\_\_ Campus: \_\_\_\_ FH \_\_\_\_ DA

Length of leave requested: \_\_\_\_\_ one quarter \_\_\_\_\_ two quarters \_\_\_\_\_ three quarters  
(See Section 17.2 of Article 17)

Quarters requested:      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
   Quarter/Year                      Quarter/Year                      Quarter/Year

NOTE:

I agree to render a period of service in the employ of the District following my return from this leave that is equal to at least twice the period of the leave as specified in Section 17.7 of Article 17 of the *Agreement* between the Board of Trustees and the Faculty Association and Education Code Section 87770.

If I decide to materially change my plan of study, research, or travel as described in this leave application, I will submit a Request for Change in Plan form (Appendix P2) to the Professional Development Leave Committee for approval as soon as possible but no later than the end of the second week of the quarter or, where verifiable extenuating circumstances exist, at the earliest date possible. [17.15]

I further agree to submit to the Professional Development Leave Committee within thirty days following my return from this completed leave a Leave Report (Appendix P3) that identifies the manner in which I accomplished the objectives of this leave and planned activities as described in this application or any approved revisions. [17.16]

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This application must be accompanied by a comment from your Division Dean or supervisor as specified in Section 17.11 of Article 17. See section VI below.

<p><b>NOTE:</b> Questions about completing this application may be directed to members of the Professional Development Leave Committee or faculty to whom leaves have been granted. Sample applications are available to review in the Teaching Resource Centers at both campuses.</p>
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Revised 11/07  
PDL Application

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**TEAR SHEET**

(To be returned to applicant as validation  
that this application was received)

This is to confirm that a Professional Development Leave Application was received from the  
faculty member listed below.

Name \_\_\_\_\_ Campus \_\_\_\_\_

Department \_\_\_\_\_ Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Signature

**I. Objectives of Leave:**

Please list specific objectives that demonstrate that the leave will enhance your job performance and professional growth. [17.10.1]

**II. Details of Plan of Study, Research or Travel for Each Quarter of Leave Requested:**

Please list specific activities that will be completed to meet your stated objectives including specific courses (*specify the number of units and whether they are quarter or semester units*) and institutions, itinerary, outline of publication, etc. Include the anticipated calendar or timetable for carrying out the various activities. Use an additional sheet if necessary. [17.10.2]

**First Quarter of Leave:**

**Second Quarter of Leave**

**Third Quarter of Leave**

**III. Please state the means by which you will report or verify that the objectives of this leave have been achieved. [17.10.3]**

**IV. Specific Benefits of the Leave Plan to the Employee:**

Please state how the objectives and activities of this plan will enhance your job performance and professional growth. How does this plan relate to your profession, assignment or planned assignments? [17.13]

**V. Specific Benefits of Leave Plan to Students and District: [17.13.1]**

**VI. Division Dean's Comments:**

Please advise the Committee how the proposed leave plan will or will not benefit the District and its students. [17.11]

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Division Dean

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
College President (if consulted)

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