APPENDIX P2
REQUEST FOR CHANGE IN PROFESSIONAL DEVELOPMENT LEAVE PLAN
(Article 17 – Professional Development Leaves)
Foothill-De Anza Community College District

In accordance with Article 17.15 of the Agreement between the District and FA, faculty employees on PDL who materially change their plan of study, research, or travel must submit the plan change to the PDL Committee prior to implementing the change. If prior notice is not possible submit the plan change to the PDL Committee not later than the end of the second week of the quarter or, for verifiable extenuating circumstances, at the earliest date possible. The Committee shall either approve or disapprove the amended plan. In all circumstances, changes in the plan must continue to meet the stated objectives of the leave.

Name: _______________________________ Dept./Program: ______________ FH__ DA __

I request the following changes to my approved plan (complete one or both as necessary):

1. CHANGE IN DATES from Approved PDL Plan (Attach more information as needed.)
   - Quarter 1: Change From: _____________________ To: _____________________
   - Quarter 2: Change From: _____________________ To: _____________________
   - Quarter 3: Change From: _____________________ To: _____________________
   Reason: ___________________________________________________________________

2. CHANGE IN ACTIVITIES from Approved PDL Plan (Attach more information as needed.)
   - Quarter 1: Approved Activity: ____________________________________________
     New Activity: _____________________________________________________________
     Hours/Units of Approved Activity: _______ Hours/Units of New Activity: _______
   - Quarter 2: Approved Activity: ____________________________________________
     New Activity: _____________________________________________________________
     Hours/Units of Approved Activity: _______ Hours/Units of New Activity: _______
   - Quarter 3: Approved Activity: ____________________________________________
     New Activity: _____________________________________________________________
     Hours/Units of Approved Activity: _______ Hours/Units of New Activity: _______

   How does the proposed activity (or activities) support the objectives of the leave?

   How will you demonstrate completion of these activities on the PDL Report (Appendix P3)?

   __________________________________________________________________________

Faculty Signature __________________________ Date: __________________________
Dean Signature ____________________________ Date: __________________________

Submit this completed request form to the Vice Chancellor of Human Resources
Committee Action: Approve __________ Disapprove __________ Date: __________