FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
APPLICATION FOR CLASSIFIED STAFF DEVELOPMENT LEAVE

For details, see Article 8.4 of the Agreement between the Board of Trustees and CSEA, Unit A; Article 10.13 of the Agreement between the Board of Trustees and SEIU, Local 715, Unit 1; Article 8.M of the Agreement between the Board of Trustees and Teamsters, Local 287, Supervisors or Chapter 7 of the Confidential Handbook.

Name

Date of first employment as a contract employee

Date of most recent Staff Development Leave

Length of leave requested _______ months.

I request a Staff Development Leave from my position as ________________ job title

from ____________________ through ____________________

starting date ending date

I plan to use this Staff Development Leave, if granted by the Board of Trustees, to: ________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you plan to enroll in school, give the name of the school, a list of courses with course descriptions by academic term and the number of units of credit for each. Use the attached activity summary page for this purpose.

I believe this Staff Development Leave activity will benefit my development as a District employee and, consequently, the District by accomplishing the following objectives:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional comments or details about leave activities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Summary Page Completed

Date Applicant's Signature
# Staff Development Leave Activity Summary

Name of School ____________________________________________

**1st Quarter (or Semester)**

<table>
<thead>
<tr>
<th>Starting Date</th>
<th>Ending Date</th>
<th>Course Title</th>
<th>Units</th>
<th>Non-course work Activities</th>
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**2nd Quarter (or Semester)**

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<th>Course Title</th>
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**3rd Quarter (or Semester)**

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Attach course descriptions.
(Attach additional pages if necessary)
Staff Development Leave Activity Summary  
(continued)

Administrator's recommendation: ________________________________________________

______________________________________________

______________________________________________

______________________________________________

Date ____________________ Administrator’s Signature ____________________________

Date ____________________ President’s/Chancellor’s Signature ________________________

Committee’s recommendation: ________________________________________________

______________________________________________

______________________________________________

______________________________________________

Date __________________________

Conditions of Leave Approval

Reporting requirements: _________________________________________________________

______________________________________________

______________________________________________

Deliverables: _________________________________________________________________

______________________________________________

______________________________________________

Other: ________________________________________________________

______________________________________________

Board Approval _______ Denial ________ Date _________

Date Received in District Personnel ________ Processed by _____________