

**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)

Starting Date _____ Ending Date _____

<u>Course Title</u>	<u>Units</u>	<u>Non-course work Activities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2nd Quarter (or Semester)

Starting Date _____ Ending Date _____

<u>Course Title</u>	<u>Units</u>	<u>Non-course work Activities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3rd Quarter (or Semester)

Starting Date _____ Ending Date _____

<u>Course Title</u>	<u>Units</u>	<u>Non-course work Activities</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____