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 the Faculty Association faculty employees on Professional Development leave who materially change their plan of study, research or travel must inform the Professional Development Leave Committee prior to implementing the change. If prior notification is not possible, the Committee must be informed as soon as 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___________________________________________________________________
Department/Program___________________________________   Campus:    FH        DA

Dates of Approved Professional Development Leave:
Quarter/Year         Quarter/Year         Quarter/Year

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

1. Change Dates
   From: ____________________To:_____________________________
   Quarter/Year         Quarter/Year

   Reason:____________________________________________________
   __________________________________________________________________

2. Change Activities (Attach additional information as needed)

   Approved Activity:
   __________________________________________________________________
   __________________________________________________________________

   New Activity:
   __________________________________________________________________
   __________________________________________________________________

   How does the proposed activity support the objectives of the leave?
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

   State the means by which you will report or verify that these activities will achieve the objectives of the leave:
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

   Faculty Signature  ______________________________________       Date:  ______________
   Dean Signature  _________________________________________       Date:  ______________

   Committee Action: Approve ____________  Disapprove _____________  Date: ______________