

Article 35
APPENDIX R
FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
APPLICATION FOR TRAINING/RETRAINING STIPEND

(Please type or print clearly)

It is the faculty member's responsibility to submit this application in triplicate to Human Resource Services. Applications received on or before the deadline will be forwarded to the Professional Development Leave Committee for review and recommendation to the Board of Trustees.

For details see Article 35 of the Agreement between the District and the Faculty Association.

Name: _____

Division/department: _____ Campus: FH DA

Present teaching or service area: _____

Other teaching or service area(s) for which you are currently qualified by education and experience:

Requests for funds can be made for the next academic year only. If the plan of study, work experience or training requires more than one year, a separate application must be submitted for each academic year.

Purpose of stipend (35.5)

- _____ Meet minimum qualifications for a new discipline
- _____ Expand number of areas in which qualified and competent to perform services
- _____ Expand skills in current field

Is your current area of service overstaffed, suffering declining enrollment or other program changes that make retraining to another area advisable? ___Yes ___No Please explain.

I am a full-time faculty member of the District. I am participating in or have plans to begin participation in a program of study, work experience or training to expand the number of areas in which I am qualified to perform services for the District.

Signature

Date

Application for Training/Retraining Stipend

1. Details of program of study, work experience or training.

2. How will this plan of study complete the requirements necessary for you to serve in this new or expanded area? Will additional study be required?

3. Stipend Request: (Please present detailed budget of expenses that will be covered by the stipend.)

TOTAL AMOUNT OF STIPEND REQUESTED:_____

4. Dean's Comments: (To be completed by Dean responsible for the area of study requested in this application.)
 - A. Does the application identify an existing and continuing program need? Can the applicant become qualified to meet the need through this proposed program of study? Please explain.

 - B. Does the curriculum and/or program currently exist?_____

If no, has the program received the necessary college, district, and state (if needed) authorization?_____

Signature of Dean

Date