

APPENDIX P1
APPLICATION FOR PROFESSIONAL DEVELOPMENT LEAVE
(Article 17 – Professional Development Leaves)
Foothill-De Anza Community College District

It is the faculty member's responsibility to submit this application in triplicate to Human Resource Services, no later than 4:30 p.m. October 15. Applications received on or before October 15 will be forwarded to the Professional Development Leave Committee for review and recommendation to the Board of Trustees. For details see Article 17 of the *Agreement* between the District and the Faculty Association.

(Please type or print clearly)

Name: _____

Date of first employment as a contract faculty employee: _____

Date of most recent Professional Development Leave: _____

Subject or Service Area: _____ Campus: FH DA

Length of leave requested: _____ one quarter _____ two quarters _____ three quarters
(See Section 17.2 of Article 17)

Quarters requested: _____ _____ _____
 Quarter/Year Quarter/Year Quarter/Year

NOTE:

I agree to render a period of service in the employ of the District following my return from this leave that is equal to at least twice the period of the leave as specified in Section 17.7 of Article 17 of the *Agreement* between the Board of Trustees and the Faculty Association and Education Code Section 87770.

If I decide to materially change my plan of study, research, or travel as described in this leave application, I will submit a Request for Change in Plan form (Appendix P2) to the Professional Development Leave Committee for approval. [17.15]

I further agree to submit to the Professional Development Leave Committee within thirty days following my return from this completed leave a Leave Report (Appendix P3) that identifies the manner in which I accomplished the objectives of this leave and planned activities as described in this application or any approved revisions. [17.16]

Date: _____ Signature: _____

This application must be accompanied by a comment from your Division Dean or supervisor as specified in Section 17.11 of Article 17. See section VI below.

NOTE: Questions about completing this application may be directed to members of the Professional Development Leave Committee or faculty to whom leaves have been granted. Sample applications are available to review in the Teaching Resource Centers at both campuses.

TEAR SHEET

(To be returned to applicant as validation
that this application was received)

This is to confirm that a Professional Development Leave Application was received from the faculty member listed below.

Name_____

Campus_____

Department_____

Date Received_____

Received by_____

Signature

- I. Objectives of Leave:** (Please list specific objectives that demonstrate that the leave will enhance your job performance and professional growth.) [17.10.1]

II. Details of Plan of Study, Research or Travel for Each Quarter of Leave Requested:

(Please list specific activities that will be completed to meet your stated objectives including specific courses and institutions, itinerary, outline of publication, etc. Include the anticipated calendar or timetable for carrying out the various activities. Use an additional sheet if necessary.) [17.10.2]

III. Please state the means by which you will report or verify that the objectives of this leave have been achieved. [17.10.3]

IV. Specific Benefits of the Leave Plan to the Employee: (Please state how the objectives and activities of this plan will enhance your job performance and professional growth. How does this plan relate to your profession, assignment or planned assignments?) [17.13]

V. Specific Benefits of Leave Plan to Students and District: [17.13.1]

VI. Division Dean's Comments: Please advise the Committee how the proposed leave plan will or will not benefit the District and its students. [17.11]

Date: _____ Signature: _____
Division Dean

Date: _____ Signature: _____
College President (if consulted)