

APPENDIX I
APPLICATION FOR PROFESSIONAL ACHIEVEMENT AWARD
(Article 38 – Professional Achievement Awards)
Foothill-De Anza Community College District

Date: ____/____/____ Name: _____ CWID: _____

Subject/Service Area: _____ Campus: _____

Year of Last Award: _____ Academic years being applied toward this award: ____-____, ____-____, ____-____,

Please note: In accordance with Article 38.3, “The responsibility for filing a timely and complete application shall be entirely the faculty employee’s.” This means, PGA must be filed with the Campus Personnel Office by June 1st and the PAA application must be filed with the Division Dean by July 1st. All parts of the Application are required.

Part 1. Four Evaluations

- Administrative Evaluation** (attach signed copy of Appendix J1);
- Peer Evaluation** (attach signed copy of Appendix J1);
- Student Evaluation** (attach signed copy of appropriate Appendix J3);
- Self-Evaluation** (see page 3 of this Application form).

Part 2. Verification of Professional Growth Activity

- **Nine (9) quarter units of PGA are required during the four-year PAA period.**
- **Use appropriate forms from Appendix O for filing PGA.**
- **File PGA with the Campus Personnel Office by June 1.**
- **The Campus Personnel office will provide a verification receipt to attach below.**

STAPLE RECEIPT HERE

Part 3. Record of College or District Service Activity

- **List of College or District service activities, organized on an annual basis** (see pages 4-5 of this Application Form).
- **No College or District Service is required during a full academic year of Professional Development Leave** (if applicable, please so indicate below and, where appropriate, on page 4 or 5 of the Application Form).

- Academic Year 1:** _____ - _____
- Academic Year 2:** _____ - _____
- Academic Year 3:** _____ - _____
- Academic Year 4:** _____ - _____

Having fulfilled the requirements outlined in Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association, I hereby apply for a Professional Achievement Award.

Date: _____

Signature: _____

This completed application with required attachments must be submitted to your Division Dean by July 1.
For additional information regarding the Professional Achievement Award, see Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association. For questions, please contact the Faculty Association office, 650 949-7544.

For Administrative Use Only

Recommendations:

Division Dean

____ I recommend this application

____ I recommend this application, subject to a one-year deferral under Article 38.8

____ I do not recommend this application

Date: _____ Signature: _____
Division Dean/Supervisor

Vice President

____ I recommend this application

____ I recommend this application, subject to a one-year deferral under Article 38.8

____ I do not recommend this application

Date: _____ Signature: _____
Vice President of Instruction or
Vice President of Student Services

President

____ I recommend this application

____ I confirm the one-year deferral of this award under Article 38.8

____ I do not recommend this application

Date: _____ Signature: _____
President

Division Office Use Only

Tear Sheet

This is to confirm that a Professional Achievement Award Application was received from the faculty employee listed below:

Name: _____ Campus: _____

Department: _____ Date Received: _____

Received by: _____

Dean / Division Office Staff

SELF-EVALUATION

Provide a self-evaluation that reflects thoughtful assessment of your continuing development as an educator, including discussion of relevant accomplishments, professional growth, and future goals. You may also consider identifying challenges/problems related to your principal duties and the way(s) you have addressed them using new pedagogical theories/strategies and/or feedback from administrative, peer, and/or student evaluations.

(Suggested length: 250-500 words.)

COLLEGE OR DISTRICT SERVICE ACTIVITY REPORT, continued

Academic Year 3: _____ - _____

Description of Activity

Dates

Nature of Participation

Academic Year 4: _____ - _____

Description of Activity

Dates

Nature of Participation