

**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 the District Office of 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:** \_\_\_\_\_ **CWID:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

Date of first employment as a contract faculty employee: \_\_\_\_\_ Date of most recent Professional Development Leave: \_\_\_\_\_

Discipline 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 Article 17.7 of the *Agreement* between the Board of Trustees and the Faculty Association and Education Code Section 87770.

If I decide to 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 District Office of Human Resources for review by the Professional Development Leave Committee as soon as possible but no later than the end of the second week of the quarter or, where verifiable extenuating circumstances exist, at the earliest date possible. [Article 17.15]

I further agree to submit to the District Office of Human Resources for review by 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. [Article 17.16]

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**NOTE:** Questions about completing this application may be directed to members of the Professional Development Leave Committee

**THIS TEAR SHEET IS FOR  
DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY**

**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 in the District Office of Human Resources from the faculty member listed below.

Name \_\_\_\_\_ Campus \_\_\_\_\_

Department \_\_\_\_\_ Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Signature of the District Office of Human Resources Staff Member

**I. Objectives of Leave:**

Please list specific objectives that demonstrate that the leave will enhance your job performance and professional growth. [Article 17.10.1] An objective is a broad statement of the goal/s for the leave. For example, ...*Research the effectiveness of .....**Improve student outcomes in the area of.....**Study a new discipline.....**Increase my understanding of .....**Expand knowledge in ....**Create new material in .....*

**II. Planned Activities and Their Verification for Each Quarter of Leave Requested**

Fill in one table for each quarter of leave requested. Each row should contain a single activity. Feel free to add as many rows in each table as needed. The following is a description of what should be included in each column of the table:

- A description of each planned activity. This column could include a specific course you plan to take, your travel plan, a description of a planned publication, a description of a project you will complete, etc.
- The detail describing the activity. Each activity should include detail specifics such as length of a publication, number of books to be read, number and names of locations to be visited, number of course units to be completed along with the course list and educational institutions, number of hours working on a joint project, number of hours working with another organization, etc.
- The method you will use to verify successful completion of each activity in your PDL report. For example, verification might include official transcripts for completed courses, a hard copy of a written document or publication, a URL location of the item, conference materials and session notes, a report, a film or video of the art created, etc. *Example table entry:*

*First Quarter of Leave: Spring 2017*

<b>Description of Activity</b>	<b>Details of Activity</b>	<b>Verification</b>
<i>Write an online Psychology text for use in my Psychology 10 course.</i>	<i>This text will include at least 8 chapters of not less than 10 pages each of my own original written material.</i>	<i>URL access to my new textbook online.</i>

**First Quarter of Leave:** \_\_\_\_\_

Description of Activity	Details of Activity	Verification

**Second Quarter of Leave:** \_\_\_\_\_

Description of Activity	Details of Activity	Verification

**Third Quarter of Leave:**

Description of Activity	Details of Activity	Verification

**III. 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? [Article 17.13]

**IV. Specific Benefits of Leave Plan to Students and District:** [Article 17.13.1]

**V. Division Dean's Comments:**

Please advise the Committee how the proposed leave plan will or will not benefit the District and its students. [Article 17.11]

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Division Dean

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
College President (if consulted)

Revised 5/2017