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

Name:_____________________________  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.” All parts of the Application are required.  Due Date:  July 1.

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 Special Service Activity
• List special service activities, organized on an annual basis (see pages 4-5 of this Application Form).
• No Special 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 do not recommend this application

Date: ___________________ Signature: ________________________________
Division Dean/Supervisor

Vice President

_____ I recommend this application
_____ I do not recommend this application

Date: ___________________ Signature: ________________________________
Vice President of Instruction or Vice President of Student Services

President

_____ I recommend this application
_____ I do not recommend this application

Date: ___________________ Signature: ________________________________
President
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:__________________________________
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.)
SPECIAL SERVICE ACTIVITY REPORT

- See Article 38.5 for examples of activities that qualify as Special Service.
- Provide information on your special service activities in the format prescribed below.
- Organize special service activities by academic year.
- Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Academic Year 1: _______ -_______</th>
<th>Description of Activity</th>
<th>Dates</th>
<th>Nature of Participation</th>
</tr>
</thead>
</table>

Please note:
If you have used an activity (such as Tenure Review Committee service) for PGA units under Article 38.4.3, in Part 2 of this Application, you cannot re-use that activity as Special Service.

<table>
<thead>
<tr>
<th>Academic Year 2: _______ -_______</th>
<th>Description of Activity</th>
<th>Dates</th>
<th>Nature of Participation</th>
</tr>
</thead>
</table>
### SPECIAL SERVICE ACTIVITY REPORT, continued

#### Academic Year 3: _______ - _______

<table>
<thead>
<tr>
<th>Description of Activity</th>
<th>Dates</th>
<th>Nature of Participation</th>
</tr>
</thead>
</table>

#### Academic Year 4: _______ - _______

<table>
<thead>
<tr>
<th>Description of Activity</th>
<th>Dates</th>
<th>Nature of Participation</th>
</tr>
</thead>
</table>