APPENDIX P2
REQUEST FOR CHANGE IN PROFESSIONAL DEVELOPMENT LEAVE PLAN
(Article 17 – Professional Development Leaves)
Foothill-De Anza Community College District

In accordance with Article 17.15 of the Agreement between the District and the Faculty Association faculty employees on Professional Development leave who materially change their plan of study, research or travel must inform 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. The Committee shall either approve or disapprove the amended plan. In all circumstances, changes in the plan must continue to meet the stated objectives of the leave.

Name___________________________________________________________________
Department/Program___________________________________   Campus: ___ FH ___ DA

Dates of Approved Professional Development Leave:

<table>
<thead>
<tr>
<th>Quarter/Year</th>
<th>Quarter/Year</th>
<th>Quarter/Year</th>
</tr>
</thead>
</table>

I request to make the following changes to my approved plan (complete one or both as necessary):

1. Change Dates

From: ____________________To:_____________________________

Quarter/Year Quarter/Year Quarter/Year

Reason:__________________________________________________________________

2. Change Activities (Attach additional information as needed)

Approved Activity:

_____________________________________________________________________  
_____________________________________________________________________  
_____________________________________________________________________  

New Activity:

_____________________________________________________________________  
_____________________________________________________________________  
_____________________________________________________________________  

How does the proposed activity support the objectives of the leave?

_____________________________________________________________________  
_____________________________________________________________________  
_____________________________________________________________________  

State the means by which you will report or verify that these activities will achieve the objectives of the leave:

_____________________________________________________________________  
_____________________________________________________________________  
_____________________________________________________________________  

Faculty Signature __________________________  Date: ______________
Dean Signature ____________________________  Date: ______________
Committee Action: Approve __________  Disapprove _____________  Date: ____________