CRITERIA FOR REQUESTING TRAINING/RETRAINING FUNDS:

- Requests for funds can be made for the next academic year only, beginning July 1 and ending June 30. (If the plan of study, work experience or training requires more than one year, a separate application must be submitted for each academic year.)
- Training/Retraining funds are available only for tuition costs, academic fees, and books/supplies.
- Training/Retraining funds are NOT available for travel, meals, lodging, or conference fees; funds for these expenditures can be requested through Staff Development.

It is the faculty member’s responsibility to submit this application IN TRIPLICATE to the Vice Chancellor, Human Resources by April 15. Only those applications received on or before April 15 will be forwarded to the Professional Development Leave Committee for review.

For details see Article 35 of the Agreement (http://fa.fhda.edu) between the District and the Faculty Association.

PLEASE PRINT

Today’s Date: __/__/____ Location: ☐ Foothill College  ☐ De Anza College

Full Name: __________________________

Division/Department/Program: __________________________

Present teaching or service area: __________________________

Other teaching or service area(s) for which you are currently qualified by education and experience: __________________________

SECTION 1 – TO BE COMPLETED BY FACULTY MEMBER

Purpose of This Request (CHECK ALL THAT APPLY):

_____ Meet minimum qualifications for a new discipline

_____ Expand number of areas in which qualified and competent to perform services

_____ Expand skills in current field

Details of This Request:

1) Details of program of study, work experience or training, including dates of course work/training: __________________________________________

2) $_______________Total Amount Requested (sum of Total Costs of all columns on page 2, i.e., total amount requested for college/institution tuition, educational expenses/fees, and books/supplies).
3) How will this plan of study complete the requirements necessary for you to serve in this new or expanded area? Will additional study be required? 

4) Stipend Request Detail: Please present detailed breakdown of expenses requested per quarter, semester or course. If not requesting the stipend for units of credit, please detail the total number of hours of study/training and the related detailed expenses (tuition, fees, books/supplies).

<table>
<thead>
<tr>
<th>Public College Name:</th>
<th>Private College Name:</th>
<th>Other Institution Name:</th>
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**# of Units:**
- _____ Quarter Units
- _____ Semester Units
- _____ Other (please explain)

**Tuition Charged:**
- [ ] Per Unit
- [ ] Range of Units (describe)

**Cost:**
- _____ Per Unit
- _____ Range of Units

**Total Tuition Cost:** $_______

**Other Educ./Course Fees**
- a) _____ $_______
- b) _____ $_______
- c) _____ $_______

**Books/Supplies**
- $_______

**TOTAL COST:** $_______

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**# of Units:**
- _____ Quarter Units
- _____ Semester Units
- _____ Other (please explain)

**Tuition Charged:**
- [ ] Per Unit
- [ ] Range of Units (describe)

**Cost:**
- _____ Per Unit
- _____ Range of Units

**Total Tuition Cost:** $_______

**Other Educ./Course Fees**
- a) _____ $_______
- b) _____ $_______
- c) _____ $_______

**Books/Supplies**
- $_______

**TOTAL COST:** $_______

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**# of Units:**
- _____ Quarter Units
- _____ Semester Units
- _____ Other (please explain)

**Tuition Charged:**
- [ ] Per Unit
- [ ] Range of Units (describe)

**Cost:**
- _____ Per Unit
- _____ Range of Units

**Total Tuition Cost:** $_______

**Other Educ./Course Fees**
- a) _____ $_______
- b) _____ $_______
- c) _____ $_______

**Books/Supplies**
- $_______

**TOTAL COST:** $_______
I am a full-time faculty member of the District. I have read, and I understand and agree to, the terms and conditions of this program.

Faculty Signature: _______________________________ Date: ___/___/___

SECTION 2 – TO BE COMPLETED BY DEAN(S) RESPONSIBLE FOR THE AREA(S) OF STUDY REQUESTED IN THIS APPLICATION

A. Is this faculty member’s current area of service overstaffed, suffering declining enrollment or other program changes that make retraining to another area advisable?
   Yes [ ] No [ ] Please explain: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

B. Does the application identify an existing and continuing program need? Can the applicant become qualified to meet the need through this proposed program of study?
   Please explain: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

C. Does this curriculum and/or program currently exist? Yes [ ] No [ ]
   If Yes, please explain: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   If No, has the curriculum/program received the necessary college, district, and state (if needed) authorization? Yes [ ] No [ ]

Signature of Current Dean: ____________________________ Date: ___/___/___
Signature of Dean of Proposed Area of Study (if applicable): ____________________________ Date: ___/___/___

Submit original copy, no later than April 15, to:

Vice Chancellor, Human Resources & Equal Opportunity (Chair, PDL Committee)
Human Resources, District Office Building
Foothill-De Anza Community College District
12345 El Monte Road, Los Altos Hills, CA 94022

HUMAN RESOURCES USE ONLY:

Received by: ______________________________________ Date: ________________

Approved: Yes [ ] No [ ] Amount: __________________ Date: ________________