

**APPENDIX R**  
**APPLICATION FOR TRAINING/RETRAINING STIPEND**  
(Article 35 – Training/Retraining Stipend)  
Foothill-De Anza Community College District

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For complete information, see Article 35 of the *Agreement* between the District and the Faculty Association, located at <http://fa.fhda.edu>

**CRITERIA FOR REQUESTING TRAINING/RETRAINING FUNDS:**

Requests for funds can be made for activities *occurring and completed in the next College 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 College year.)

If you are applying to a program and will not know if you have been accepted by the May 1 deadline, you may submit an alternate plan of study for review. (Pg 4)

Training/Retraining funds are available only for tuition costs, academic fees, and books/supplies, but are NOT available for travel, meals, lodging, or conference fees (funds for these expenditures may be requested through campus Staff Development).

**Rates for Training/Retraining Stipend**

The application should reflect the total cost of the program of study. The maximum negotiated rates (shown below) for the various components of the stipend will determine the amount for which you are approved, which may be less than the total cost.

- The maximum amount paid for books is \$700.
- There is no limit to related academic fees.
- Tuition calculations for accredited institutions:  
public institutions: \$420 per semester unit or \$280 per quarter unit.  
private institutions: \$585 per semester unit or \$390 per quarter unit.
- The maximum allowed for non-transcripted studies is \$2000 per year.

Please note- If the calculated amounts for all applicant requests exceed the total remaining funds, applicants will receive a proportionally reduced percentage of their request.

**It is the faculty member's responsibility to submit this application to the District Office of Human Resources by May 1. Only those applications received on or before May 1 will be forwarded to the Professional Development Leave Committee for review. If funds remain after the initial round of applications are approved, faculty can apply for the remaining funds by November 1.**

**SECTION 1 – TO BE COMPLETED BY FACULTY MEMBER**

Today’s Date: \_\_\_ / \_\_\_ / \_\_\_ CWID: \_\_\_\_\_ Campus: FH \_\_\_  
DA \_\_\_\_\_

Full Name: \_\_\_\_\_ Division:  
\_\_\_\_\_

Current teaching or service area: \_\_\_\_\_ Other teaching or service area(s)  
for which you are qualified by education and experience:

Will you be a tenured faculty employee during the next school year?  Yes  No (If  
not, you may not apply for this stipend.)

**Purpose of This Request** (CHECK ALL THAT APPLY):

- \_\_\_\_\_ Expand skills in current field
- \_\_\_\_\_ Meet minimum qualifications for a new discipline
- \_\_\_\_\_ Expand number of areas in which qualified and competent to perform services

**Details of This Request**

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

How will this plan of study contribute to fulfilling the purpose of this request?

Will additional study be required to fulfill the purpose of this request? If so, please explain.

Stipend Request Detail: On the following page(s), please present a detailed  
breakdown of expenses requested ***per quarter, semester or course for each  
institution***. 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).

\$ \_\_\_\_\_ Total Stipend Requested (Sum of Total Annual Costs from  
ALL Colleges/Institutions on the following page(s)).

**I am a full-time faculty member of the District and will be tenured at the start of the next school year. I have attached a request form for each institution for which I am requesting funds, and I have read, understand and agree to the terms and conditions of this program.**

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**College/Institution– Please fill out ONE PAGE PER INSTITUTION.  
Submit extra pages as needed.**

Name of College/Institution: \_\_\_\_\_

Institution Type:     Private     Public  
 Session Type         Semester     Quarter     Other (ie. MOOC, CEU’s,  
 etc)

Total number of units attempting, per session (as checked above):

Fall        \_\_\_\_\_                      Spring        \_\_\_\_\_  
 Winter     \_\_\_\_\_                      Summer      \_\_\_\_\_

**COSTS:** Please attach documentation detailing all estimated costs for tuition and fees (website printout or brochure). Costs not requested in advance will not be reimbursable.

**Annual Tuition (Fill in only one option applicable to this institution.)**

Option 1: Institution charges per unit:

\$ \_\_\_\_\_ per Unit x \_\_\_\_\_ Number of Units = Total

Option 2: Institution charges per course (Courses or CEUs):

\$ \_\_\_\_\_ per Course x \_\_\_\_\_ Number of Courses = Total

Option 3: Institution charges per Continuing Education Unit (CEU):

\$ \_\_\_\_\_ per CEU x \_\_\_\_\_ Number of CEU’s = Total

Option 4: Institution charges per range of units (e.g. \$300 for 1-4 units, \$550 for 5-8 units)

\$ \_\_\_\_\_ per \_\_\_\_\_ (Range of Units) = Total

**Annual Educational or Academic Fees**

Type of Fee \_\_\_\_\_ \$ \_\_\_\_\_ Annual Cost  
 Type of Fee \_\_\_\_\_ \$ \_\_\_\_\_ Annual Cost  
 Type of Fee \_\_\_\_\_ \$ \_\_\_\_\_ Annual Cost

= Total FEES

**Annual Books and Other Required Supplies**

Estimated Annual Books/Supplies = Total BOOKS

**TOTAL ANNUAL REQUEST FOR THIS COLLEGE/INSTITUTION:**

**Tuition + Fees + Books =** Total for this College/Institution

**College/Institution for ALTERNATE PLAN Depending on Admission**  
**Please fill out ONE PAGE PER INSTITUTION. Submit extra pages as needed.**

NOTE: **ONLY** complete this page if you have applied to another program of study and do not know your admission status. This page is for an **ALTERNATE** plan only.

Name of College/Institution: \_\_\_\_\_

Institution Type:     Private     Public  
 Session Type         Semester     Quarter     Other (ie. MOOC, CEU's, etc)

Total number of units attempting, per session (as checked above):

Fall        \_\_\_\_\_                      Spring        \_\_\_\_\_  
 Winter     \_\_\_\_\_                      Summer      \_\_\_\_\_

**COSTS:** Please attach documentation detailing all estimated costs for tuition and fees (website printout or brochure). Costs not requested in advance will not be reimbursable.

**Annual Tuition (Fill in only one option as applicable to this institution.)**

Option 1: Institution charges per unit:

\$ \_\_\_\_\_ per Unit x \_\_\_\_\_ Number of Units = \_\_\_\_\_ Total

Option 2: Institution charges per course (Courses or CEUs):

\$ \_\_\_\_\_ per Course x \_\_\_\_\_ Number of Courses = \_\_\_\_\_ Total

Option 3: Institution charges per Continuing Education Unit (CEU):

\$ \_\_\_\_\_ per CEU x \_\_\_\_\_ Number of CEU's = \_\_\_\_\_ Total

Option 4: Institution charges per range of units (e.g. \$300 for 1-4 units, \$550 for 5-8 units)

\$ \_\_\_\_\_ per \_\_\_\_\_ (Range of Units) = \_\_\_\_\_ Total

**Annual Educational or Academic Fees**

|                   |          |             |
|-------------------|----------|-------------|
| Type of Fee _____ | \$ _____ | Annual Cost |
| Type of Fee _____ | \$ _____ | Annual Cost |
| Type of Fee _____ | \$ _____ | Annual Cost |
|                   | =        | Total FEES  |

**Annual Books and Other Required Supplies**

Estimated Annual Books/Supplies = \_\_\_\_\_ Total BOOKS

**TOTAL ANNUAL REQUEST FOR THIS COLLEGE/INSTITUTION:**

**Tuition + Fees + Books = \_\_\_\_\_ Total for this College/Institution**

July 1, 2022 to June 30, 2025                      379

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

Is this faculty member’s current area of service overstuffed, suffering declining enrollment or other program changes that make retraining to another area advisable?

Yes  No  Please explain

Does this 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:

Does the curriculum and/or program for which the applicant is retraining currently exist at the college? 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**  
**(ONLY if applicable):** \_\_\_\_\_ **Date:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Submit original, no later than May 1, to:**  
**District Office of Human Resources**  
**District Office Building**  
**Foothill-De Anza Community College District**  
**12345 El Monte Road, Los Altos Hills, CA 94022**

**DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY:**

**Received by:** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**Approved: Yes** \_\_\_\_ **No** \_\_\_\_ **Amount:** \_\_\_\_\_ **Date:**

\_\_\_\_\_