# APPENDIX R APPLICATION FOR TRAINING/RETRAINING STIPEND (Article 35 – Training/Retraining Stipend)

Foothill-De Anza Community College District

**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.)
* 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 may be requested through campus Staff Development.

**It is the faculty member’s responsibility to submit this application to the District Office of 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 complete information, see Article 35 of the *Agreement* between the District and the Faculty Association, located at: <http://fhdafiles.fhda.edu/downloads/personnel/201316Agreement.pdf> *or* <http://fa.fhda.edu>

## 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:

Are you currently a tenured faculty employee or will you be a tenured faculty employee for the next school year?  Yes  No

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:**

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

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

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?

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

**I am a full-time faculty member of the District and am tenured or will be tenured for 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.   
Print or Copy extra pages as needed.**

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

Institution Type:  Private  Public

Session Type:  Semester  Quarter  Other (ie. MOOC, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**TUITION**

*$\_\_\_\_\_\_\_\_\_\_ Per Unit $\_\_\_\_\_\_\_\_\_Per Range of Units $\_\_\_\_\_\_\_Per Course*

X \_\_\_\_\_\_\_\_\_ *Number of Units \_\_\_\_\_\_\_\_\_Number of Ranges \_\_\_\_\_\_\_Number of Courses*

= Total = Total = Total

**EDUCATIONAL OR ACADEMIC FEES**

*Type of Fee \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_Annual Cost*

*Type of Fee \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_Annual Cost*

*Type of Fee \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_Annual Cost*

= Total Annual FEES

**BOOKS/OTHER REQUIRED SUPPLIES**

= Total *Estimated* Annual BOOKS

Total **ANNUAL** Request for this College/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College/Institution– Please fill out one page PER INSTITUTION.   
Print or Copy extra pages as needed.**

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

Institution Type:  Private  Public

Session Type:  Semester  Quarter  Other (ie. MOOC, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (ex. website printout or brochure). Costs not requested in advance will not be reimbursable.

**TUITION**

*$\_\_\_\_\_\_\_\_\_\_ Per Unit $\_\_\_\_\_\_\_\_\_Per Range of Units $\_\_\_\_\_\_\_Per Course*

X \_\_\_\_\_\_\_\_\_ *Number of Units \_\_\_\_\_\_\_\_\_Number of Ranges \_\_\_\_\_\_\_Number of Courses*

= Total = Total = Total

**EDUCATIONAL OR ACADEMIC FEES**

*Type of Fee \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_Annual Cost*

*Type of Fee \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_Annual Cost*

*Type of Fee \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_Annual Cost*

= Total Annual FEES

**BOOKS/OTHER REQUIRED SUPPLIES**

= Total *Estimated* Annual BOOKS

Total **ANNUAL** Request for this College/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. 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

1. 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:

1. 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**

**(ONLY if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**District Office of Human Resources**

**District Office Building**

**Foothill-De Anza Community College District**

**12345 El Monte Road, Los Altos Hills, CA 94022**

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| **DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY:**  **Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Approved: Yes \_\_\_\_ No \_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |