

APPENDIX K
(Please reference Chapter X)

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
ADMINISTRATOR APPLICATION FOR TRAINING/RETRAINING STIPEND**
(Please type or print clearly)

It is the administrator's responsibility to submit this application to Human Resources. Applications received on or before the deadline will be forwarded to the Administrative Leave Committee for review and recommendation to the Board of Trustees. For details see Chapter X of the Administrators Handbook.

Name: _____ Campus Extension: _____

Division/Department: _____ Location: FH DA CS

Home Address: _____

1. Purpose of stipend: (See Chapter X, Section A of AMA Handbook)

2. Details of program of study, work experience or training:

3. How will this plan of study prepare you for new fields or your current field?

For Office Use Only:

Amount Requested: _____ Approved: Denied: Date: _____ TRT#: _____

Comments:

4. Please present a detailed budget of expenses that will be covered by the stipend:
April 1 requests for funds can be made for the next fiscal year only; December 1 requests are for the current year. If the plan of study, work experience or training requires more than one year, a separate application must be submitted for each year. The training must be completed between July 1 and June 30 to be reimbursed.

TOTAL AMOUNT OF STIPEND REQUESTED: _____

I am a full-time administrator of the District. I am participating in or have plans to begin participation in a program of study, work experience or training to enhance my expertise in my current field or to expand the number of areas in which I am qualified to perform services for the District.

Signature of Administrator

Date

Supervisor's Comments

- A. Will this plan expand the qualifications of the administrator to meet a current or future need in the division/for the college? Please explain.

- B. Do you recommend approval? Yes No

Signature of Supervisor

Date: