

**APPENDIX P3**  
**PROFESSIONAL DEVELOPMENT LEAVE REPORT**  
**(Article 17 – Professional Development Leaves)**  
 Foothill-De Anza Community College District

In accordance with Article 17.16 of the *Agreement* between the District and the Faculty Association, within 30 days following return from the completed professional development leave each faculty employee must submit a report to the District Office of Human Resources for review by the Professional Development Leave Committee with a copy to the Division Dean or appropriate administrator that identifies the manner in which the objectives of the leave were accomplished as described in your approved Professional Development Leave plan, including any approved amendments.

**This shall be the official form for compliance with Article 17.16.**  
 (Submit this form to the District Office of Human Resources.)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department/Program: \_\_\_\_\_ Campus: FH DA

Dates of Professional Development Leave:      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
     Quarter/Year                      Quarter/Year                      Quarter/Year

In the table below, please restate the activities from your approved Professional Development Leave plan and indicate how the completion of each activity is being verified.

Description of Activity	Item(s) submitted as Verification in this Report
Description of Activity	Item(s) submitted as Verification in this Report


Attach additional forms and provide support materials/documentation to the Committee as needed.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Faculty Signature                      CWID #                      Date

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**Committee Action:**    **Approve** \_\_\_\_\_    **Disapprove** \_\_\_\_\_    **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 5/2017

Appendix P3 - Professional Development Leave Report  
TEAR SHEET

**THIS TEAR SHEET IS FOR  
DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY**

(To be returned to applicant as validation that the Appendix P3 PDL Report was received by the District office of Human Resources)

This is to confirm that an Appendix P3- PDL Report was received in the District Office of Human Resources from the faculty member listed below.

Name of Faculty: \_\_\_\_\_ Campus:  DA  FH

Department \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by \_\_\_\_\_

Signature of the District Office of Human Resources Staff Member

- Return signed original to Faculty Member
- Submit a copy with the PDL Report