

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 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).

Public College Name:

Private College Name:

Other Institution Name:

of Units:

_____ Quarter Units
 _____ Semester Units
 _____ Other (please explain)

of Units:

_____ Quarter Units
 _____ Semester Units
 _____ Other (please explain)

of Units:

_____ Quarter Units
 _____ Semester Units
 _____ Other (please explain)

Tuition Charged: (check one)

Per Unit
 Range of Units (describe)

Tuition Charged: (check one)

Per Unit
 Range of Units (describe)

Tuition Charged: (check one)

Per Unit
 Range of Units (describe)

Cost:

_____ Per Unit
 _____ Range of Units

Cost:

_____ Per Unit
 _____ Range of Units

Cost:

_____ Per Unit
 _____ Range of Units

Total Tuition Cost:

\$ _____

Total Tuition Cost:

\$ _____

Total Tuition Cost:

\$ _____

Other Educ./Course Fees

a) _____ \$ _____
 b) _____ \$ _____
 c) _____ \$ _____

Books/Supplies
 \$ _____

Other Educ./Course Fees

a) _____ \$ _____
 b) _____ \$ _____
 c) _____ \$ _____

Books/Supplies
 \$ _____

Other Educ./Course Fees

a) _____ \$ _____
 b) _____ \$ _____
 c) _____ \$ _____

Books/Supplies
 \$ _____

TOTAL COST: \$ _____

TOTAL COST: \$ _____

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 overstuffed, 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:** _____