

**APPENDIX P2**  
**REQUEST FOR CHANGE IN PROFESSIONAL DEVELOPMENT LEAVE PLAN**  
**(Article 17 – Professional Development Leaves)**  
Foothill-De Anza Community College District

In accordance with Article 17.15 of the *Agreement* between the District and FA, faculty employees on PDL who materially change their plan of study, research, or travel must submit the plan change to the PDL Committee prior to implementing the change. If prior notice is not possible submit the plan change not later than the end of the second week of the quarter or, for verifiable extenuating circumstances, at the earliest date possible. The Committee shall either approve or disapprove the amended plan. In all circumstances, changes in the plan must continue to meet the stated objectives of the leave.

Name: \_\_\_\_\_ Dept./Program: \_\_\_\_\_ FH\_\_ DA \_\_

*I request the following changes to my approved plan (complete one or both as necessary):*

**1. CHANGE IN DATES from Approved PDL Plan** (Attach more information as needed.)

**Quarter 1:** Change From: \_\_\_\_\_ To: \_\_\_\_\_

**Quarter 2:** Change From: \_\_\_\_\_ To: \_\_\_\_\_

**Quarter 3:** Change From: \_\_\_\_\_ To: \_\_\_\_\_

Reason: \_\_\_\_\_

**2. CHANGE IN ACTIVITIES from Approved PDL Plan** (Attach more information as needed.)

**Quarter 1:** Approved Activity: \_\_\_\_\_

New Activity: \_\_\_\_\_

Hours/Units of Approved Activity: \_\_\_\_\_ Hours/Units of New Activity: \_\_\_\_\_

**Quarter 2:** Approved Activity: \_\_\_\_\_

New Activity: \_\_\_\_\_

Hours/Units of Approved Activity: \_\_\_\_\_ Hours/Units of New Activity: \_\_\_\_\_

**Quarter 3:** Approved Activity: \_\_\_\_\_

New Activity: \_\_\_\_\_

Hours/Units of Approved Activity: \_\_\_\_\_ Hours/Units of New Activity: \_\_\_\_\_

**How does the proposed activity (or activities) support the objectives of the leave?**

**How will you demonstrate completion of these activities on the PDL Report (Appendix P3)?**

\_\_\_\_\_  
Faculty Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Dean Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this completed request form to the Vice Chancellor of Human Resources**

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