

FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT

PROFESSIONAL GROWTH AWARD

Application Form

To be filled in by employee and submitted to Professional Growth Review Panel upon completion of requirements (see attached "Guidelines for Professional Growth Award"). Please review the attached CHECKLIST and make sure you have included all necessary paperwork when submitting your application packet for review.

Name _____ Social Security No. _____

Position _____ Campus _____ Department _____

Date of Hire _____ Office Phone No. _____

1. College, adult education, or trade school courses (See No.1 on Guidelines sheet for explanation, (NO MAXIMUM)

Institution-Qtr/Sem Date	Course Number & Course Title	Specify Qtr or Semester Units	No. of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use separate sheet if needed TOTAL _____

2. District In-Service Workshop (See No.2 on Guidelines sheet, 25 HOUR MAXIMUM)

District In-Service Workshop	Date of Workshop	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use separate sheet if needed TOTAL _____
(25 Hour Maximum)

(previous forms may NOT be used)

3. Leadership or Committee Work (See No. 3 on Guidelines sheet, 50 HOUR MAXIMUM)

Professional Organization	Date of Activity	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-Professional Organization (10 HOUR MAXIMUM)

_____	_____	_____
_____	_____	_____

Use separate sheet if needed

TOTAL _____

(50 Hour Maximum)

4. District Committee Work (50 HOUR MAXIMUM, Every two hours earns one hour of credit, see No. 4 on Guidelines sheet). District committee work - use Committee Work Verification Form

Professional Organization	Dates of Committee Work	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use separate sheet if needed

TOTAL _____

(50 Hour Maximum)

5. Special Activities (see No. 5 on Guidelines sheet, 50 HOUR MAXIMUM)

Job Related Special Activities	Date of Activity	No. of Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-Job Related Special Activities (10 HOUR MAXIMUM)

_____	_____	_____
_____	_____	_____

Use separate sheet if needed

TOTAL _____

(50 Hour Maximum)

6. Physical Fitness Activities (see No. 6 on Guidelines sheet, 36 HOUR MAXIMUM)

Institution-Qtr/Sem Date	Course Number & Course Title	Specify Qtr or Semester Units	No. of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use separate sheet if needed

TOTAL _____

(36 Hour Maximum)

NOTE: PLEASE MAKE A COPY FOR YOUR FILE BEFORE SUBMITTING.

(previous forms may NOT be used)

GUIDELINES FOR PROFESSIONAL GROWTH AWARD

An employee must have completed at least one year of employment with the District and have achieved permanent status. Course work started prior to employment will not be considered for an award.

An eligible worker must complete a minimum of 200 hours of credited activity, 100 hours of which must have been completed since the last award. One hundred (100) of the 200 hours may be hours completed prior to the last award which were earned in Category 1 of Requirements, completion of college, adult education, or trade school courses.

A minimum of two years in paid status must have occurred since the last award.

An application for an award must be accompanied by OFFICIAL transcripts or official letterhead verifying specific dates and hours of attendance.

The employee must complete a diversity of activities. The hours may be earned through any combination of the following:

1. **COLLEGE, ADULT EDUCATION, OR TRADE SCHOOL COURSES.** Each course must be approved and evidence of successful completion (grade of "C" or better, or Pass from a Pass/Fail basis) filed with the Review Panel. There is NO MAXIMUM and calculation of hours for courses which are assigned a certain number of units will be based on the following:

Foothill and De Anza

No. of contact hours/week as stated
In the Course Inventory Audit Report

Other Colleges

- a. One Quarter unit = 12 hours
- b. One semester unit = 18 hours

2. **DISTRICT IN-SERVICE WORKSHOPS.** Attendance and participation in voluntary District in-service workshops related to the work of the district. Maximum of twenty five (25) hours per award.
3. **LEADERSHIP OR COMMITTEE WORK.** Participation in a leadership role or in committee work in local, state, or national professional associations to the extent of the guidelines approved by the Review Panel. Maximum of Fifty (50) hours per award. Participation in a leadership role or in committee work in a non-professional association to the extent of the guidelines approved by the Review Panel. Maximum of Ten (10) hours per award. Total of the two-50 hours max.
4. **DISTRICT COMMITTEE WORK.** Participation in District committee work to the extent of the guidelines approved by the Review Panel. Maximum of Fifty (50) hours per award. Each two hours of committee work under this clause shall earn one hour of credit toward an award.
5. **JOB RELATED SPECIAL ACTIVITIES.** Participation in job related special activities, such as seminars, conferences, conventions, institutes, and lectures offered by colleges, adult schools, professional associations and community organizations. Maximum of Fifty (50) hours per award. Participation in non-job related special activities, such as seminars, conferences, conventions, institutes, and lectures offered by colleges, adult schools, professional associations and community organizations. Maximum of Ten (10) hours per award. Total of the two-50 hours max.
6. **PHYSICAL EDUCATION ACTIVITIES.** A maximum of Thirty Six (36) hours for Physical Education credits per award. The exception to this limit is if the Physical Education credits are work related.

No more than one award (or 200 hours) may be earned for activities during a staff development leave. There will be no carryover of excess hours earned during a staff development leave. It will be the responsibility of the employee to report all hours earned during a leave; if not reported, staff development leave hours will be withheld. These guidelines apply to all applications filed with the Professional Growth Review Panel.

FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT
PROFESSIONAL GROWTH AWARD

Verification Checklist

Name: _____ Ext. _____

Job Title: _____ Campus _____

1. Official transcript for academic courses.

2. Workshop, conference, or outside committee work.

A. Official letterhead _____

B. Authorized signature _____

3. Professional Growth Verification form for District committee work.

Authorized signature _____

Note: Omissions may delay your award.

(previous checklist is obsolete)

FOOTHILL – DE ANZA COMMUNITY COLLEGE DISTRICT

PROFESSIONAL GROWTH AWARD

Committee Work Verification Form

_____ participated on the
(Name) _____ Committee on the following dates and times:

Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____
Date: _____	Time: _____	No. of Hours _____

Total No. of Hours: _____

I verify participation on the _____ Committee
by _____ on the dates and times recorded.

Date: _____ Signature of Committee Chairperson _____

(previous forms may NOT be used)

FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT

PROFESSIONAL GROWTH AWARD

Validation Of Attendance

This is verification that (Name) _____

attended a Seminar/Workshop on _____

Date _____ Place _____

The seminar/workshop was presented by _____

from _____ a.m./p.m. to _____ a.m./p.m.

Total hours _____

Signature of Certifying Official

Title