

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 activities *occurring and completed in the next College 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 College 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 may be requested through campus Staff Development.

It is the faculty member’s responsibility to submit this application to the District Office of 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 complete information, see Article 35 of the *Agreement* between the District and the Faculty Association, located at: <http://fhdafiles.fhda.edu/downloads/personnel/201316Agreement.pdf> or <http://fa.fhda.edu>

SECTION 1 – TO BE COMPLETED BY FACULTY MEMBER

Today’s Date: ___/___/___ CWID: _____ Campus: FH ___ DA ___

Full Name: _____

Division: _____

Current teaching or service area: _____

Other teaching or service area(s) for which you are qualified by education and experience: _____

Are you currently a tenured faculty employee or will you be a tenured faculty employee for the next school year? Yes No

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:

Details of program of study, work experience or training, including dates of course work/training:

\$ _____ Total Amount Requested (Sum of Total Annual Costs from ALL Colleges/Institutions on the following page(s))

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? _____

Stipend Request Detail: Please present detailed breakdown of expenses requested **per quarter, semester or course for each institution on the following page(s)**. 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).

I am a full-time faculty member of the District and am tenured or will be tenured for the next school year. I have attached a request form for each institution for which I am requesting funds, and I have read, understand and agree to the terms and conditions of this program.

Faculty Signature: _____ **Date:** ____/____/____

**College/Institution– Please fill out one page PER INSTITUTION.
Print or Copy extra pages as needed.**

College/Institution Name: _____

Institution Type: Private Public

Session Type: Semester Quarter Other (ie. MOOC, etc)

Number of units attempting, per Session (as checked above):

Fall _____ Spring _____

Winter _____ Summer _____

COSTS: Please attach documentation detailing all estimated costs for tuition and fees (website printout or brochure). Costs not requested in advance will not be reimbursable.

TUITION

\$ _____ <i>Per Unit</i>	\$ _____ <i>Per Range of Units</i>	\$ _____ <i>Per Course</i>
X _____ <i>Number of Units</i>	_____ <i>Number of Ranges</i>	_____ <i>Number of Courses</i>

= Total	= Total	= Total
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EDUCATIONAL OR ACADEMIC FEES

Type of Fee _____	\$ _____ <i>Annual Cost</i>
Type of Fee _____	\$ _____ <i>Annual Cost</i>
Type of Fee _____	\$ _____ <i>Annual Cost</i>

= Total Annual FEES

BOOKS/OTHER REQUIRED SUPPLIES

= Total *Estimated* Annual BOOKS

Total **ANNUAL** Request for this College/Institution: _____

**College/Institution– Please fill out one page PER INSTITUTION.
Print or Copy extra pages as needed.**

College/Institution Name: _____

Institution Type: Private Public

Session Type: Semester Quarter Other (ie. MOOC, etc)

Number of units attempting, per Session (as checked above):

Fall _____ Spring _____

Winter _____ Summer _____

COSTS: Please attach documentation detailing all estimated costs for tuition and fees (ex. website printout or brochure). Costs not requested in advance will not be reimbursable.

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X _____ <i>Number of Units</i>	_____ <i>Number of Ranges</i>	_____ <i>Number of Courses</i>
= Total	= Total	= Total

EDUCATIONAL OR ACADEMIC FEES

Type of Fee _____	\$ _____ <i>Annual Cost</i>	
Type of Fee _____	\$ _____ <i>Annual Cost</i>	
Type of Fee _____	\$ _____ <i>Annual Cost</i>	
= Total Annual FEES		

BOOKS/OTHER REQUIRED SUPPLIES

= Total *Estimated* Annual BOOKS

Total **ANNUAL** Request for this College/Institution: _____

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 overstaffed, 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
(ONLY if applicable): _____ **Date:** ___ / ___ / ___

Submit original, no later than April 15, to:
District Office of Human Resources
District Office Building
Foothill-De Anza Community College District
12345 El Monte Road, Los Altos Hills, CA 94022

DISTRICT OFFICE OF HUMAN RESOURCES USE ONLY:

Received by: _____ **Date:** _____

Approved: Yes ___ **No** ___ **Amount:** _____ **Date:** _____