

APPENDIX R.1
APPLICATION FOR TRAINING/RETRAINING STIPEND
(Article 35 – Training/Retraining Stipend)
Foothill-De Anza Community College District

For complete information, see Article 35 of the *Agreement* between the District and the Faculty Association, located at <https://fafhda.org>. This is the special application for the **December 15, 2023 deadline**. All other requests should use the regular Appendix R.

CRITERIA FOR REQUESTING TRAINING/RETRAINING FUNDS:

- Requests for funds can only be made for activities *occurring and completed in the 2023-24 College year*, 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, but are NOT available for travel, meals, lodging, or conference fees (funds for these expenditures may be requested through campus Professional Development using Article 36 funds or other available funds).

Rates for Training/Retraining Stipend

The application should reflect the total cost of the program of study. The maximum negotiated rates (shown below) for the various components of the stipend will determine the amount for which you are approved, which may be less than the total cost.

- The maximum amount paid for books is \$700.
- There is no limit to related academic fees.
- Tuition calculations:
 - public institutions: \$375 per semester unit or \$250 per quarter unit.
 - private institutions: \$525 per semester unit or \$350 per quarter unit.

Please note- If the calculated amounts for all applicant requests exceed the total remaining funds, applicants will receive a proportionally reduced percentage of their request.

It is the faculty member's responsibility to submit this application to the District Office of Human Resources by **December 15, 2023. Only those applications received on or before this date will be forwarded to the Professional Development Leave Committee for review.**

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: _____

Will you be a tenured faculty employee during the next school year? Yes No (If not, you may not apply for this stipend.)

Purpose of This Request (CHECK ALL THAT APPLY):

- Expand skills in current field
- Meet minimum qualifications for a new discipline
- Expand number of areas in which qualified and competent to perform services

Details of This Request

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

How will this plan of study contribute to fulfilling the purpose of this request?

Will additional study be required to fulfill the purpose of this request? If so, please explain.

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

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

I am a full-time faculty member of the District and am tenured during the 2023-24 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.

Submit extra pages as needed.

Name of College/Institution: _____

Institution Type: Private Public

Session Type Semester Quarter Other (ie. MOOC, CEU's, etc)

Total 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.

Annual Tuition (Fill in only one option applicable to this institution.)

Option 1: Institution charges per unit:

\$ _____ per Unit x _____ Number of Units = Total

Option 2: Institution charges per course (Courses or CEUs):

\$ _____ per Course x _____ Number of Courses = Total

Option 3: Institution charges per Continuing Education Unit (CEU):

\$ _____ per CEU x _____ Number of CEU's = Total

Option 4: Institution charges per range of units (e.g. \$300 for 1-4 units, \$550 for 5-8 units)

\$ _____ per _____ (Range of Units) = Total

Annual Educational or Academic Fees

Type of Fee _____ \$ _____ Annual Cost

Type of Fee _____ \$ _____ Annual Cost

Type of Fee _____ \$ _____ Annual Cost

= Total FEES

Annual Books and Other Required Supplies

Estimated Annual Books/Supplies = Total BOOKS

TOTAL ANNUAL REQUEST FOR THIS COLLEGE/INSTITUTION:

Tuition + Fees + Books = Total 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 overstuffed, suffering declining enrollment or other program changes that make retraining to another area advisable?

Yes No Please explain

B. Does this 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 the curriculum and/or program for which the applicant is retraining currently exist at the college? 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 in person or by email, no later than **December 15, 2023**, to:

Christine Hsu
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:** _____