

**APPENDIX I**  
**APPLICATION FOR PROFESSIONAL ACHIEVEMENT AWARD**  
**(Article 38 – Professional Achievement Awards)**  
Foothill-De Anza Community College District

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Subject/Service Area: \_\_\_\_\_ Campus: \_\_\_\_\_

Year of Last Award: \_\_\_\_\_ Academic years being applied toward this award: \_\_\_-\_\_\_, \_\_\_-\_\_\_, \_\_\_-\_\_\_, \_\_\_-\_\_\_,

Please note: In accordance with Article 38.3, “The responsibility for filing a timely and complete application shall be entirely the faculty employee’s.” This means, PGA must be filed with the Campus Personnel Office by June 1<sup>st</sup> and the PAA application must be filed with the Division Dean by July 1<sup>st</sup>. All parts of the Application are required.

**Part 1. Four Evaluations**

- Administrative Evaluation** (attach signed copy of Appendix J1);
- Peer Evaluation** (attach signed copy of Appendix J1);
- Student Evaluation** (attach signed copy of appropriate Appendix J3);
- Self-Evaluation** (see page 3 of this Application form).

**Part 2. Verification of Professional Growth Activity**

- **Nine (9) quarter units of PGA are required during the four-year PAA period.**
- **Use appropriate forms from Appendix O for filing PGA.**
- **File PGA with the Campus Personnel Office by June 1.**
- **The Campus Personnel office will provide a verification receipt to faculty. Faculty must submit this receipt with this PAA application.**

**Part 3. Record of College or District Service Activity**

- **List special service activities, organized on an annual basis** (see pages 4-5 of this Application Form).
- **No Special Service is required during a full academic year of Professional Development Leave**  
(if applicable, please so indicate below and, where appropriate, on page 4 or 5 of the Application Form).

- Academic Year 1:** \_\_\_\_\_ - \_\_\_\_\_
- Academic Year 2:** \_\_\_\_\_ - \_\_\_\_\_
- Academic Year 3:** \_\_\_\_\_ - \_\_\_\_\_
- Academic Year 4:** \_\_\_\_\_ - \_\_\_\_\_

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**Having fulfilled the requirements outlined in Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association, I hereby apply for a Professional Achievement Award.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**This completed application with required attachments must be submitted to your Division Dean by July 1.** For additional information regarding the Professional Achievement Award, see Article 38 of the *Agreement* between the Board of Trustees and the Faculty Association. For questions, please contact the Faculty Association office, 650 949-7544.

*For Administrative Use Only*

**Recommendations:**

**Division Dean**

I recommend this application

I recommend this application, subject to a one-year deferral under Article 38.8

I do not recommend this application

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Division Dean/Supervisor

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**Vice President**

I recommend this application

I recommend this application, subject to a one-year deferral under Article 38.8

I do not recommend this application

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Vice President of Instruction or  
Vice President of Student Services

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**President**

I recommend this application

I confirm the one-year deferral of this award under Article 38.8

I do not recommend this application

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
President

**Division Office Use Only**

**Tear Sheet for Hard Copy Submission**

This is to confirm that a Professional Achievement Award Application was received from the faculty employee listed below:

Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Department: \_\_\_\_\_ Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Dean / Division Office Staff

If submitting electronically, email verification serves as a tear sheet.

## **SELF-EVALUATION**

Provide a self-evaluation that reflects thoughtful assessment of your continuing development as an educator, including discussion of relevant accomplishments, professional growth, and future goals. You may also consider identifying challenges/problems related to your principal duties and the way(s) you have addressed them using new pedagogical theories/strategies and/or feedback from administrative, peer, and/or student evaluations.

(Suggested length: 250-500 words.)

**COLLEGE OR DISTRICT SERVICE ACTIVITY REPORT**

- See Article 38.5 for examples of activities that qualify as College or District Service.
- Provide information on your special service activities in the format prescribed below.
- Organize College or District service activities by academic year.
- Attach additional sheets if necessary.

**Please note:**

**If you have used an activity (such as Tenure Review Committee service) for PGA units under Article 38.4.3, in Part 2 of this Application, you cannot re-use that activity as College or District Service.**

**Academic Year 1:** \_\_\_\_\_ - \_\_\_\_\_

Description of Activity

Dates

Nature of Participation

**Academic Year 2:** \_\_\_\_\_ - \_\_\_\_\_

Description of Activity

Dates

Nature of Participation

**COLLEGE OR DISTRICT SERVICE ACTIVITY REPORT**, continued

**Academic Year 3:** \_\_\_\_\_ - \_\_\_\_\_

Description of Activity

Dates

Nature of Participation

**Academic Year 4:** \_\_\_\_\_ - \_\_\_\_\_

Description of Activity

Dates

Nature of Participation