
APPENDIX A

APPENDIX OF FORMS

FIRST LEVEL OF REVIEW

(File with supervisor/administrator, copies to Associate Vice Chancellor, Human Resources and ACE)

1. To be completed by grievant:

Request for conference: () Yes () No

Designation of representative: () Yes () No

Name of representative: _____

Grievant's signature: _____

2. To be completed by immediate supervisor/administrator:

Date grievance was filed: _____

Immediate supervisor's decision and reason(s) for decision: _____

Immediate supervisor's signature: _____ Date: _____

SECOND LEVEL OF REVIEW

(File with second level administrator, copies to Associate Vice Chancellor, Human Resources and ACE)

1. To be completed by grievant:

Request for conference: () Yes () No

Name of representative (if different from first level): _____

Grievant's signature: _____

2. To be completed by Manager:

Date grievance was filed at second level: _____

Decision of Administrator, and reason(s) for decision: _____

Administrator's signature: _____ Date: _____

REQUEST FOR ARBITRATION (File with Associate Vice Chancellor, Human Resources)

Grievant's signature: _____ Date: _____

Signature of authorized representative of ACE: _____

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

DISCIPLINARY ACTION APPEAL FORM

I, _____, hereby appeal the disciplinary action taken against me pursuant to Article 16 of the collective bargaining Agreement between the Foothill-De Anza Community College District and ACE.

I request a hearing on the grounds that:

- _____ I did not commit the acts or omissions alleged as the events upon which the cause for discipline is based.
- _____ The acts or omission(s) alleged do not amount to cause for dismissal, demotion, or suspension.
- _____ The penalty imposed is excessive or unreasonable.
- _____ The required procedure was not followed.

Dated: _____ (signature)

Note: If you wish to appeal the disciplinary action taken against you, you or your representative must date and sign this form. You must also return this form to the Associate Vice Chancellor, Human Resources within seven (7) working days of the effective date of the sanction imposed against you. If the Associate Vice Chancellor, Human Resources has not received this form by that time, you will be deemed to have waived your right to an appeal and the disciplinary action shall be final.

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
DONATION OF SICK LEAVE PLEDGE FORM

In accordance with Article 10 of the Agreement between ACE and the District, I hereby authorize the following sick leave donation to (please type or print):

Name: _____

Campus: _____

Division: _____

I understand that I must retain a minimum of 60 days (480.00 hours) of sick leave and that I must donate sick leave in not less than 8-hour increments.

DONATING EMPLOYEE INFORMATION:

(Please type or print)

Name: _____ CWID _____

Campus: _____ Division: _____

Number of sick leave hours being donated: _____ Anonymous Donation

Effective date of sick leave transfer: _____

Donating Employee's Signature: _____ Date: _____

Return This Form To:
Office of Human Resources
Foothill-De Anza Community College District
12345 El Monte Road, Los Altos Hills, CA 94022

For Office Use Only (initials of processor)

_____ Criteria Met _____ Balance of **donor's** sick leave before donation _____ Criteria Not Met

_____ Sufficient verification of certification for eligibility of **donee** _____ Not Sufficient

Donor's sick leave balance **decreased** to _____ hours by _____ effective _____

Donee's sick leave balance **increased** to _____ hours by _____ effective _____

Copy to Payroll Services on _____ by _____

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
TRAINING/RETRAINING REIMBURSEMENT FORM**

The District shall maintain a fund for assisting unit members to pay for required tuition, fees, and textbooks to attend any work-related class at an accredited college or university. The fund shall be \$30,000 per year. Remaining money shall be rolled over to the next year but the maximum fund shall be not more than \$40,000. Training/retraining reimbursement may be used during a Staff Development Leave.

1. The worker shall provide evidence of successfully completing the class.
2. A worker may receive up to a maximum of \$1,500 per academic year.
3. Assistance shall be on a first come first serve basis, until the fund is depleted.

Include official transcript verifying successful completion of the work-related class and receipts identifying tuition, fees and textbooks. Parking fees are not included.

To Be Completed By The Employee:

| | |
|---|--------------------------|
| Employee Name | CWID |
| Job Title: _____ | Phone: _____ |
| Amount of Educational Assistance Requested: | Tuition: \$ _____ |
| Date of Course(s): _____ | Fees: \$ _____ |
| Date Course(s) Completed: _____ | Textbooks: \$ _____ |
| | Total: \$ _____ |
| Information on course(s): _____ | |
| | |
| | |

| | |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

To Be Completed by the Administrator:

I verify that this class is a work-related class.

| | | |
|-------------------------------------|---------------------------|------|
| Administrator's Name (please print) | Administrator's Signature | Date |
|-------------------------------------|---------------------------|------|

***** (For Human Resources Use Only) *****

| | |
|--|----------------------------|
| Associate Vice Chancellor, Human Resources | Amount Reimbursed \$ _____ |
|--|----------------------------|

| | |
|------------------|------------------------------|
| Processor: _____ | Date of Reimbursement: _____ |
|------------------|------------------------------|

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

PROFESSIONAL GROWTH AWARD APPLICATION FORM

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

| | | | |
|-----------------|--|-------------------|--|
| Name: | | CWID: | |
| Position Title: | | Date of Hire: | |
| Campus: | | Department: | |
| | | Office Extension: | |

1. Certificate, Course or Degree

- a. **College, adult education or trade school courses.** Accredited courses or continuing education credits. No maximum.

There is NO MAXIMUM and Continuing Education Credits (CEUs) may also be used.

| Institution & Date(s) | Course # & Title | Qtr/Sem Units* | # of Hours |
|-----------------------|------------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Hit the "return" at the end of the line to add lines as needed. *Please specify QUARTER or SEMESTER Units

Section #1 Total: _____

b. Job-related skills training certificate.

NO MAXIMUM

| Training Provider & Date(s) | Course Title | # of Hours |
|-----------------------------|--------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Hit the "return" at the end of the line to add lines as needed.

Section #1 Total: _____

2. District In-Service Workshops (25 HOUR MAXIMUM)

| Workshop | Date(s) of Workshop | # of Hours |
|----------|---------------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Hit the "return" at the end of the line to add lines as needed.

Section #2 Total: _____

3. Leadership or Committee Work (75 HOUR MAXIMUM; Non-professional organization, 10 hour maximum)

| Professional Organization | Date(s) of Committee Work | # of Hours |
|---------------------------|---------------------------|------------|
| | | |
| | | |
| | | |

Hit the "return" at the end of the line to add lines as needed.

Section #3 Total: _____

4. District Committee Work (MUST use Committee Work Verification Form; 75 HOUR MAXIMUM)

| Committee | Date(s) of Committee Work | # of Hours |
|-----------|---------------------------|------------|
| | | |
| | | |
| | | |

Hit the "return" at the end of the line to add lines as needed.

Section #4 Total: _____

5. Job-Related Conference, Seminar or Lecture (NO MAXIMUM LIMIT; Ineligible for carryover)

| Activity | Date(s) of Activity | # of Hours |
|----------|---------------------|------------|
| | | |
| | | |
| | | |

Hit the "return" at the end of the line to add lines as needed.

Section #5 Total: _____

6. Physical Fitness Activities (see Guidelines for further information; 36 HOUR MAXIMUM)

| Institution & Date(s) | Course # & Title | Qtr/Sem Units* | # of Hours |
|-----------------------|------------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Hit the "return" at the end of the line to add lines as needed.

*Please specify QUARTER or SEMESTER Units

Section #6 Total: _____

Total Application Hours: _____

NOTE: Please refer to Appendix B – Guidelines for Professional Growth Award Program for further information.

PLEASE MAKE A COPY FOR YOUR FILE BEFORE SUBMITTING

FOOTHILL – DE ANZA COMMUNITY COLLEGE DISTRICT

**PROFESSIONAL GROWTH AWARD
Committee Work Verification Form**

_____ participated on the _____
Name CWID

_____ 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: _____

Total No. of Hours: _____

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

Date: _____ Signature of Committee Chairperson: _____

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

**POSITION DESCRIPTION QUESTIONNAIRE
Request for Reclassification - (Nonexempt Employees)**

CASE # _____

Complete the Position Description Questionnaire (PDQ) for Nonexempt Employees as carefully and thoroughly as possible. Describe your position as it is right now. Any questions which arise should be discussed with your immediate supervisor and/or appropriate administrator. In addition, have your completed questionnaire reviewed and signed by your immediate supervisor and/or appropriate administrator.

You will also need to provide a proposed job description as well as a current and proposed organizational chart and submit to Classification Desk at classification@fhda.edu along with the completed PDQ.

| | |
|---|-------------|
| Classification/Job Title | |
| Classification/Job Title/Pay Grade Requested | |
| Name of Supervisor/Appropriate Administrator | |
| Department/Section Name | |
| Employee Signature | Date |

Why does your job exist? Write a one-sentence statement describing the purpose of your job and how it achieves your department's objectives.

| |
|--|
| |
| |
| |
| |

Specific Duties? List the primary duties which make up your regular activities. (e.g., File all correspondence and forms daily for manager).

List your major job duties in descending order of importance. The total of % time should equal 100%.

| % of Time: | Duties: | Frequency: |
|-------------------|----------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

Working Relationships: Describe the routine contacts you need to have with others within or outside the organization.

| Inside Contacts | Reason For Contact | Frequency of Contact |
|------------------------|---------------------------|-----------------------------|
| | | |
| | | |

Outside Contacts

Reason For Contact

Frequency of Contact

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Responsibility and Decision Making Decisions: Describe the types of responsibility you have for taking action in order to do your job properly.

- Types of decisions you make without prior approval:

| |
|--|
| |
| |
| |

- Types of decisions referred to higher authority:

| |
|--|
| |
| |
| |

- Describe the way in which your work is assigned and reviewed, and the frequency and type of guidance provided by your supervisor.

| |
|--|
| |
| |
| |

Additional Compensable Factors: Indicate whether physical effort, environment or hazards are part of your job.

Please complete the Physical/Environmental/Mental (PEM) Demands form. This is a separate document from the PDQ and must be submitted with the request. The PEM form may also be downloaded at: https://hr.fhda.edu/_downloads/PEM%20Form.pdf.

Knowledge and Skills: List the experience, education, knowledge and skills required for effective functioning in this job.

- **Minimum Education, Training and Experience**

| | List special technical, academic knowledge required as a minimum qualification in this job. | | Describe how much and what type of additional work experience is required as a minimum to do this job. |
|---|---|---|--|
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |

Describe the most important work procedures, regulations, policies, principles etc. that you should know in order to do your job.

| |
|--|
| |
| |

Describe any license, registration, certificate, or professional affiliation required to perform your job.

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |

- Preferred Skills, Knowledge and Experience

| | Describe special technical, academic or other knowledge preferred in this job. | | Describe how much and what type of additional work experience is preferred in this job. |
|---|--|---|---|
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |

Major Challenges: Describe two or three of the most difficult challenges you face in doing your job and the means by which they are resolved.

| |
|--|
| |
| |
| |

Comments? Please state any additional comments which may be helpful in understanding this job and how it functions within the organization.

| |
|--|
| |
| |
| |
| |
| |
| |
| |

Supervisor's Comments (if applicable): Please read employee's questionnaire thoroughly and provide feedback.

What do you consider **the most important duty** of this job?

| |
|--|
| |
| |
| |

What do you consider the most important qualifications of an employee in this job?

| |
|--|
| |
| |
| |

Supervisor (if applicable):

Please confirm that you read this questionnaire.

Signed: _____ Title _____ Date _____

Appropriate Administrator's Comments: Please read employee's questionnaire thoroughly and provide feedback.

What do you consider **the most important duty** of this job?

| |
|--|
| |
| |
| |

What do you consider the most important qualifications of an employee in this job?

| |
|--|
| |
| |
| |

Appropriate Administrator:

Please confirm that you read this questionnaire.

Signed: _____ Title _____ Date _____

The appropriate Vice President (if applicable) will also need to sign off on the PDQ prior to the information being sent to the HR Specialist, Classification for committee review.

Vice President:

Please confirm that you read this questionnaire.

Signed: _____ Title _____ Date _____

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

WORKING OUT OF CLASSIFICATION FORM

EMPLOYEE NAME _____ CWID _____

POSITION # _____ DIVISION _____ DEPT _____

CAMPUS _____ CURRENT CLASSIFICATION _____ LEVEL _____

BASIS FOR OUT OF CLASSIFICATION REQUEST:

To qualify for working out of class pay an employee must temporarily work in a position at a higher salary range for more than 5 working days in any 15-calendar day period. Please check which criteria applies to your request:

_____ Employee will temporarily assume all the duties and responsibilities of a higher classification when a position in that classification is temporarily vacant.

HIGHER CLASSIFICATION TO BE ASSUMED: _____ (please attach appropriate job description)

START DATE _____ END DATE _____

OR

_____ Employee will temporarily be assigned a sufficient number of higher-level duties to clearly justify the conclusion that the employee is performing within a higher classification.

DESCRIBE HIGHER LEVEL DUTIES TO BE PERFORMED: _____

Percent of time employee will be performing higher-level duties on a daily basis _____

START DATE _____ END DATE _____

Please provide the current and proposed information

| | FROM | TO |
|----------------------|-------|-------|
| Percent of Contract | _____ | _____ |
| Classification Level | _____ | _____ |
| Account Code | _____ | _____ |

Employee's Signature Extension Date

Supervising Administrator's Signature Extension Date

Campus Administrative Signature Extension Date

Human Resources Signature Date