

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: _____

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

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 _____