

APPENDIX R
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 <http://fa.fhda.edu>

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.)

If you are applying to a program and will not know if you have been accepted by the May 1 deadline, you may submit an alternate plan of study for review. (Pg 4)

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 Staff Development).

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 for accredited institutions:
public institutions: \$420 per semester unit or \$280 per quarter unit. private institutions: \$585 per semester unit or \$390 per quarter unit.
- The maximum allowed for non-transcripted studies is \$2000 per year.

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 May 1. Only those applications received on or before May 1 will be forwarded to the Professional Development Leave Committee for review. If funds remain after the initial round of applications are approved, faculty can apply for the remaining funds by November 1.

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 will be tenured at the start of 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 for ALTERNATE PLAN Depending on Admission
Please fill out ONE PAGE PER INSTITUTION. Submit extra pages as needed.

NOTE: **ONLY** complete this page if you have applied to another program of study and do not know your admission status. This page is for an **ALTERNATE** plan only.

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 as 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

July 1, 2022 to June 30, 2025 379

SECTION 2 – TO BE COMPLETED BY DEAN(S) RESPONSIBLE FOR THE AREA(S) OF STUDY REQUESTED IN THIS APPLICATION

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

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:

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, no later than May 1, 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:** _____